

**TITLE V BLOCK GRANT APPLICATION**  
**FORMS (2-21)**  
**STATE: MP**  
**APPLICATION YEAR: 2010**

---

- [FORM 2 - MCH BUDGET DETAILS](#)
- [FORM 3 - STATE MCH FUNDING PROFILE](#)
- [FORM 4 - BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED AND SOURCES OF FEDERAL FUNDS](#)
- [FORM 5 - STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES](#)
- [FORM 6 - NUMBER AND PERCENTAGE OF NEWBORN AND OTHERS SCREENED, CASE CONFIRMED, AND TREATED](#)
- [FORM 7 - NUMBER OF INDIVIDUALS SERVED \(UNDUPLICATED\) UNDER TITLE V](#)
- [FORM 8 - DELIVERIES AND INFANTS SERVED BY TITLE V AND ENTITLED TO BENEFITS UNDER TITLE XIX](#)
- [FORM 9 - STATE MCH TOLL-FREE TELEPHONE LINE DATA](#)
- [FORM 10 - TITLE V MATERNAL AND CHILD HEALTH SERVICES BLOCK GRANT STATE PROFILE FOR FY 2004](#)
- [FORM 11 - NATIONAL AND STATE PERFORMANCE MEASURES](#)
- [FORM 12 - NATIONAL AND STATE OUTCOME MEASURES](#)
- [FORM 13 - CHARACTERISTICS DOCUMENTING FAMILY PARTICIPATION IN CHILDREN WITH SPECIAL HEALTH CARE NEEDS](#)
- [FORM 14 - LIST OF MCH PRIORITY NEEDS](#)
- [FORM 15 - TECHNICAL ASSISTANCE \(TA\) REQUEST AND TRACKING](#)
- [FORM 16 - STATE PERFORMANCE/OUTCOME MEASURE DETAIL SHEETS](#)
- [FORM 17 - HEALTH SYSTEM CAPACITY INDICATORS \(01 THROUGH 04,07,08\) - MULTI-YEAR DATA](#)
- FORM 18
  - [MEDICAID AND NON-MEDICAID COMPARISON](#)
  - [MEDICAID ELIGIBILITY LEVEL \(HSCI 06\)](#)
  - [SCHIP ELIGIBILITY LEVEL \(HSCI 06\)](#)
- FORM 19
  - [GENERAL MCH DATA CAPACITY \(HSCI 09A\)](#)
  - [ADOLESCENT TOBACCO USE DATA CAPACITY \(HSCI 09B\)](#)
- [FORM 20 - HEALTH STATUS INDICATORS 01-05 - MULTI-YEAR DATA](#)
- FORM 21
  - [POPULATION DEMOGRAPHICS DATA \(HSI 06\)](#)
  - [LIVE BIRTH DEMOGRAPHICS DATA \(HSI 07\)](#)
  - [INFANT AND CHILDREN MORTALITY DATA \(HSI 08\)](#)
  - [MISCELLANEOUS DEMOGRAPHICS DATA \(HSI 09\)](#)
  - [GEOGRAPHIC LIVING AREA DEMOGRAPHIC DATA \(HSI 10\)](#)
  - [POVERTY LEVEL DEMOGRAPHIC DATA \(HSI 11\)](#)
  - [POVERTY LEVEL FOR CHILDREN DEMOGRAPHICS DATA \(HSI 12\)](#)

**FORM 2**  
**MCH BUDGET DETAILS FOR FY 2010**

[Secs. 504 (d) and 505(a)(3)(4)]

**STATE: MP**

**1. FEDERAL ALLOCATION**

(Item 15a of the Application Face Sheet [SF 424])

Of the Federal Allocation (1 above), the amount earmarked for:

A.Preventive and primary care for children:

\$ 153,480 ( 32.11 %)

B.Children with special health care needs:

\$ 158,245 ( 33.11 %)

(If either A or B is less than 30%, a waiver request must accompany the application)[Sec. 505(a)(3)]

C.Title V administrative costs:

\$ 43,453 ( 9.09 %)

(The above figure cannot be more than 10%)[Sec. 504(d)]

\$ 477,986

**2. UNOBLIGATED BALANCE** (Item 15b of SF 424)

\$ 0

**3. STATE MCH FUNDS** (Item 15c of the SF 424)

\$ 965,706

**4. LOCAL MCH FUNDS** (Item 15d of SF 424)

\$ 0

**5. OTHER FUNDS** (Item 15e of SF 424)

\$ 0

**6. PROGRAM INCOME** (Item 15f of SF 424)

\$ 191,334

**7. TOTAL STATE MATCH** (Lines 3 through 6)

(Below is your State's FY 1989 Maintenance of Effort Amount)

\$ 395,500

\$ 1,157,040

**8. FEDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP (SUBTOTAL)**

(Total lines 1 through 6. Same as line 15g of SF 424)

\$ 1,635,026

**9. OTHER FEDERAL FUNDS**

(Funds under the control of the person responsible for the administration of the Title V program)

a. SPRANS: \$ 0

b. SSDI: \$ 10,000

c. CISS: \$ 0

d. Abstinence Education: \$ 0

e. Healthy Start: \$ 0

f. EMSC: \$ 0

g. WIC: \$ 0

h. AIDS: \$ 1,500

i. CDC: \$ 1,700

j. Education: \$ 0

k. Other: \$ 0

HRSA-ECCS;CDC-ehdi \$ 12,000

Region IX - FP \$ 2,000

**10. OTHER FEDERAL FUNDS** (SUBTOTAL of all Funds under item 9)

\$ 27,200

**11. STATE MCH BUDGET TOTAL**

(Partnership subtotal + Other Federal MCH Funds subtotal)

\$ 1,662,226

<b>FORM NOTES FOR FORM 2</b>
None
<b>FIELD LEVEL NOTES</b>
None

**FORM 3**  
**STATE MCH FUNDING PROFILE**

*[Secs. 505(a) and 506(a)(1-3)]*

**STATE: MP**

	FY 2005		FY 2006		FY 2007	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>1. Federal Allocation</b> <i>(Line1, Form 2)</i>	\$ 500,990	\$ 395,782	\$ 500,990	\$ 340,673	\$ 498,075	\$ 394,261
<b>2. Unobligated Balance</b> <i>(Line2, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>3. State Funds</b> <i>(Line3, Form 2)</i>	\$ 866,146	\$ 684,255	\$ 876,733	\$ 596,178	\$ 871,631	\$ 871,631
<b>4. Local MCH Funds</b> <i>(Line4, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>5. Other Funds</b> <i>(Line5, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>6. Program Income</b> <i>(Line6, Form 2)</i>	\$ 553,071	\$ 436,926	\$ 517,032	\$ 351,582	\$ 542,052	\$ 542,052
<b>7. Subtotal</b> <i>(Line8, Form 2)</i>	\$ 1,920,207	\$ 1,516,963	\$ 1,894,755	\$ 1,288,433	\$ 1,911,758	\$ 1,807,944
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
<b>8. Other Federal Funds</b> <i>(Line10, Form 2)</i>	\$ 2,592,326	\$ 2,047,938	\$ 3,003,194	\$ 2,042,172	\$ 4,807,170	\$ 4,807,170
<b>9. Total</b> <i>(Line11, Form 2)</i>	\$ 4,512,533	\$ 3,564,901	\$ 4,897,949	\$ 3,330,605	\$ 6,718,928	\$ 6,615,114
(STATE MCH BUDGET TOTAL)						

**FORM 3**  
**STATE MCH FUNDING PROFILE**

*[Secs. 505(a) and 506(a)(1-3)]*

**STATE: MP**

	FY 2008		FY 2009		FY 2010	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>1. Federal Allocation</b> <i>(Line1, Form 2)</i>	\$ 477,461	\$ 429,149	\$ 477,461		\$ 477,986	
<b>2. Unobligated Balance</b> <i>(Line2, Form 2)</i>	\$ 0	\$ 0	\$ 0		\$ 0	
<b>3. State Funds</b> <i>(Line3, Form 2)</i>	\$ 835,557	\$ 835,557	\$ 448,253		\$ 965,706	
<b>4. Local MCH Funds</b> <i>(Line4, Form 2)</i>	\$ 0	\$ 0	\$ 0		\$ 0	
<b>5. Other Funds</b> <i>(Line5, Form 2)</i>	\$ 0	\$ 0	\$ 0		\$ 0	
<b>6. Program Income</b> <i>(Line6, Form 2)</i>	\$ 418,968	\$ 418,968	\$ 316,175		\$ 191,334	
<b>7. Subtotal</b> <i>(Line8, Form 2)</i>	\$ 1,731,986	\$ 1,683,674	\$ 1,241,889	\$ 0	\$ 1,635,026	\$ 0
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
<b>8. Other Federal Funds</b> <i>(Line10, Form 2)</i>	\$ 3,767,998	\$ 3,767,998	\$ 4,775,433		\$ 27,200	
<b>9. Total</b> <i>(Line11, Form 2)</i>	\$ 5,499,984	\$ 5,451,672	\$ 6,017,322	\$ 0	\$ 1,662,226	\$ 0
(STATE MCH BUDGET TOTAL)						

## FORM NOTES FOR FORM 3

None

### FIELD LEVEL NOTES

1. **Section Number:** Form3\_Main  
**Field Name:** FedAllocExpended  
**Row Name:** Federal Allocation  
**Column Name:** Expended  
**Year:** 2008  
**Field Note:**  
Projected expenditure amount. The actual expenditure amount will reflect on the Final Financial Status Report which is due on 12/30/2009.
2. **Section Number:** Form3\_Main  
**Field Name:** FedAllocExpended  
**Row Name:** Federal Allocation  
**Column Name:** Expended  
**Year:** 2007  
**Field Note:**  
This year's (2009) reporting required of us to fill and finalize the FY2007 expenditure (budget period 10/01/05 through 09/30/07). 78% was expended due position vacancies - Nutritionist and Dental Assistant.

**FORM 4**

**BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)**

[Secs 506(2)(2)(iv)]

**STATE: MP**

	FY 2005		FY 2006		FY 2007	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>I. Federal-State MCH Block Grant Partnership</b>						
a. Pregnant Women	\$ 345,637	\$ 320,371	\$ 378,951	\$ 257,687	\$ 382,352	\$ 361,589
b. Infants < 1 year old	\$ 288,031	\$ 266,976	\$ 208,423	\$ 141,727	\$ 210,293	\$ 198,874
c. Children 1 to 22 years old	\$ 288,032	\$ 266,977	\$ 360,003	\$ 244,802	\$ 363,234	\$ 343,509
d. Children with Special Healthcare Needs	\$ 672,072	\$ 622,944	\$ 625,269	\$ 425,183	\$ 649,998	\$ 614,701
e. Others	\$ 134,414	\$ 124,678	\$ 132,633	\$ 90,190	\$ 114,705	\$ 108,476
f. Administration	\$ 192,021	\$ 177,984	\$ 189,476	\$ 128,844	\$ 191,176	\$ 180,795
g. SUBTOTAL	\$ 1,920,207	\$ 1,779,930	\$ 1,894,755	\$ 1,288,433	\$ 1,911,758	\$ 1,807,944
<b>II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).</b>						
a. SPRANS	\$ 0		\$ 0		\$ 0	
b. SSDI	\$ 90,300		\$ 90,300		\$ 118,998	
c. CISS	\$ 0		\$ 0		\$ 0	
d. Abstinence Education	\$ 0		\$ 0		\$ 0	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 15,000		\$ 15,000		\$ 0	
g. WIC	\$ 0		\$ 0		\$ 1,118,409	
h. AIDS	\$ 290,577		\$ 236,507		\$ 310,570	
i. CDC	\$ 1,684,050		\$ 1,942,577		\$ 2,541,009	
j. Education	\$ 0		\$ 0		\$ 0	
k. Other						
Region IX - FP	\$ 0		\$ 0		\$ 169,498	
SAMHSA	\$ 346,274		\$ 548,686		\$ 548,686	
Region IX-FP; HRSA	\$ 0		\$ 170,124		\$ 0	
Region IX-FP; HRSA	\$ 166,125		\$ 0		\$ 0	
<b>III. SUBTOTAL</b>	\$ 2,592,326		\$ 3,003,194		\$ 4,807,170	

**FORM 4**

**BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)**

[Secs 506(2)(2)(iv)]

**STATE: MP**

	FY 2008		FY 2009		FY 2010	
<b>I. Federal-State MCH Block Grant Partnership</b>	<b>BUDGETED</b>	<b>EXPENDED</b>	<b>BUDGETED</b>	<b>EXPENDED</b>	<b>BUDGETED</b>	<b>EXPENDED</b>
a. Pregnant Women	\$ 17,642	\$ 15,878	\$ 61,405	\$	\$ 61,404	\$
b. Infants < 1 year old	\$ 17,641	\$ 15,878	\$ 61,405	\$	\$ 61,404	\$
c. Children 1 to 22 years old	\$ 157,825	\$ 142,043	\$ 153,480	\$	\$ 153,480	\$
d. Children with Special Healthcare Needs	\$ 146,117	\$ 131,505	\$ 158,765	\$	\$ 158,245	\$
e. Others	\$ 1,350,355	\$ 1,340,205	\$ 764,428	\$	\$ 1,157,040	\$
f. Administration	\$ 42,406	\$ 38,165	\$ 42,406	\$	\$ 43,453	\$
g. SUBTOTAL	\$ 1,731,986	\$ 1,683,674	\$ 1,241,889	\$ 0	\$ 1,635,026	\$ 0

**II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).**

a. SPRANS	\$ 0	\$ 0	\$ 0
b. SSDI	\$ 94,644	\$ 94,644	\$ 10,000
c. CISS	\$ 0	\$ 0	\$ 0
d. Abstinence Education	\$ 0	\$ 0	\$ 0
e. Healthy Start	\$ 0	\$ 0	\$ 0
f. EMSC	\$ 0	\$ 0	\$ 0
g. WIC	\$ 0	\$ 1,344,745	\$ 0
h. AIDS	\$ 351,769	\$ 345,366	\$ 1,500
i. CDC	\$ 2,498,317	\$ 2,816,096	\$ 1,700
j. Education	\$ 0	\$ 0	\$ 0
k. Other			
HRSA-ECCS;CDC-ehdi	\$ 0	\$ 0	\$ 12,000
Region IX - FP	\$ 0	\$ 0	\$ 2,000
OPA Title X FP	\$ 174,582	\$ 174,582	\$ 0
SAMHSA/HRSA	\$ 648,686	\$ 0	\$ 0
<b>III. SUBTOTAL</b>	<b>\$ 3,767,998</b>	<b>\$ 4,775,433</b>	<b>\$ 27,200</b>



## FORM NOTES FOR FORM 4

None

### FIELD LEVEL NOTES

1. **Section Number:** Form4\_I. Federal-State MCH Block Grant Partnership  
**Field Name:** PregWomenExpended  
**Row Name:** Pregnant Women  
**Column Name:** Expended  
**Year:** 2008  
**Field Note:**  
Projected expenditure amount. The actual expenditure amount will reflect on the Final Financial Status Report which is due on 12/30/2009.
2. **Section Number:** Form4\_I. Federal-State MCH Block Grant Partnership  
**Field Name:** Children\_0\_1Expended  
**Row Name:** Infants <1 year old  
**Column Name:** Expended  
**Year:** 2008  
**Field Note:**  
Projected expenditure amount. The actual expenditure amount will reflect on the Final Financial Status Report which is due on 12/30/2009.
3. **Section Number:** Form4\_I. Federal-State MCH Block Grant Partnership  
**Field Name:** Children\_1\_22Expended  
**Row Name:** Children 1 to 22 years old  
**Column Name:** Expended  
**Year:** 2008  
**Field Note:**  
Projected expenditure amount. The actual expenditure amount will reflect on the Final Financial Status Report which is due on 12/30/2009.
4. **Section Number:** Form4\_I. Federal-State MCH Block Grant Partnership  
**Field Name:** CSHCNEExpended  
**Row Name:** CSHCN  
**Column Name:** Expended  
**Year:** 2008  
**Field Note:**  
Projected expenditure amount. The actual expenditure amount will reflect on the Final Financial Status Report which is due on 12/30/2009.
5. **Section Number:** Form4\_I. Federal-State MCH Block Grant Partnership  
**Field Name:** AllOthersExpended  
**Row Name:** All Others  
**Column Name:** Expended  
**Year:** 2008  
**Field Note:**  
Projected expenditure amount. The actual expenditure amount will reflect on the Final Financial Status Report which is due on 12/30/2009.
6. **Section Number:** Form4\_I. Federal-State MCH Block Grant Partnership  
**Field Name:** AdminExpended  
**Row Name:** Administration  
**Column Name:** Expended  
**Year:** 2008  
**Field Note:**  
Projected expenditure amount. The actual expenditure amount will reflect on the Final Financial Status Report which is due on 12/30/2009.

**FORM 5**  
**STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES**

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

**STATE: MP**

TYPE OF SERVICE	FY 2005		FY 2006		FY 2007	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>I. Direct Health Care Services</b> (Basic Health Services and Health Services for CSHCN.)	\$ 1,440,155	\$ 1,137,722	\$ 1,421,066	\$ 966,325	\$ 1,433,819	\$ 1,355,958
<b>II. Enabling Services</b> (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 115,212	\$ 91,018	\$ 113,685	\$ 77,306	\$ 114,705	\$ 108,477
<b>III. Population-Based Services</b> (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 249,627	\$ 197,205	\$ 246,318	\$ 167,496	\$ 248,529	\$ 235,033
<b>IV. Infrastructure Building Services</b> (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 115,213	\$ 91,018	\$ 113,686	\$ 77,306	\$ 114,705	\$ 108,476
<b>V. Federal-State Title V Block Grant Partnership Total</b> (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 1,920,207	\$ 1,516,963	\$ 1,894,755	\$ 1,288,433	\$ 1,911,758	\$ 1,807,944

**FORM 5**  
**STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES**

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

**STATE: MP**

TYPE OF SERVICE	FY 2008		FY 2009		FY 2010	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>I. Direct Health Care Services</b> (Basic Health Services and Health Services for CSHCN.)	\$ 1,298,990	\$ 1,200,313	\$ 931,417		\$ 1,226,270	
<b>II. Enabling Services</b> (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 103,919	\$ 124,749	\$ 74,513		\$ 98,102	
<b>III. Population-Based Services</b> (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 225,158	\$ 233,864	\$ 161,446		\$ 212,553	
<b>IV. Infrastructure Building Services</b> (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 103,919	\$ 124,748	\$ 74,513		\$ 98,101	
<b>V. Federal-State Title V Block Grant Partnership Total</b> (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 1,731,986	\$ 1,683,674	\$ 1,241,889	\$ 0	\$ 1,635,026	\$ 0

## FORM NOTES FOR FORM 5

None

### FIELD LEVEL NOTES

1. **Section Number:** Form5\_Main  
**Field Name:** DirectHCExpended  
**Row Name:** Direct Health Care Services  
**Column Name:** Expended  
**Year:** 2008  
**Field Note:**  
Projected expenditure amount. The actual expenditure amount will reflect on the Final Financial Status Report which is due on 12/30/2009.
2. **Section Number:** Form5\_Main  
**Field Name:** EnablingExpended  
**Row Name:** Enabling Services  
**Column Name:** Expended  
**Year:** 2008  
**Field Note:**  
Projected expenditure amount. The actual expenditure amount will reflect on the Final Financial Status Report which is due on 12/30/2009.
3. **Section Number:** Form5\_Main  
**Field Name:** PopBasedExpended  
**Row Name:** Population-Based Services  
**Column Name:** Expended  
**Year:** 2008  
**Field Note:**  
Projected expenditure amount. The actual expenditure amount will reflect on the Final Financial Status Report which is due on 12/30/2009.
4. **Section Number:** Form5\_Main  
**Field Name:** InfrastrBuildExpended  
**Row Name:** Infrastructure Building Services  
**Column Name:** Expended  
**Year:** 2008  
**Field Note:**  
Projected expenditure amount. The actual expenditure amount will reflect on the Final Financial Status Report which is due on 12/30/2009.

<b>FORM 6</b>						
<b>NUMBER AND PERCENTAGE OF NEWBORNS AND OTHERS SCREENED, CASES CONFIRMED, AND TREATED</b>						
<small>Sect. 506(a)(2)(B)(iii)</small>						
<b>STATE: MP</b>						
Total Births by Occurrence: <u>1,266</u>					Reporting Year: 2008	
<b>Type of Screening Tests</b>	<b>(A) Receiving at least one Screen (1)</b>		<b>(B) No. of Presumptive Positive Screens</b>	<b>(C) No. Confirmed Cases (2)</b>	<b>(D) Needing Treatment that Received Treatment (3)</b>	
	<b>No.</b>	<b>%</b>			<b>No.</b>	<b>%</b>
Phenylketonuria	1,112	87.8	0	0	0	
Congenital Hypothyroidism	1,112	87.8	3	1	1	100
Galactosemia	1,112	87.8	5	0	0	
Sickle Cell Disease						
<b>Other Screening (Specify)</b>						
Biotinidase Deficiency	1,112	87.8	0	0	0	
Cystic Fibrosis	1,112	87.8	0	0	0	
Other	1,112	87.8	2	0	0	
Sickle Cell Anemia (SS-Disease)	1,112	87.8	0	0	0	
Hearing Screening	1,244	98.3	4	2	2	100
<b>Screening Programs for Older Children &amp; Women (Specify Tests by name)</b>						
(1) Use occurrent births as denominator.						
(2) Report only those from resident births.						
(3) Use number of confirmed cases as denominator.						

## FORM NOTES FOR FORM 6

None

### FIELD LEVEL NOTES

1. **Section Number:** Form6\_Main  
**Field Name:** Phenylketonuria\_Presumptive  
**Row Name:** Phenylketonuria  
**Column Name:** Presumptive positive screens  
**Year:** 2010  
**Field Note:**  
No presumptive positive for phenylketonuria in 2008.
2. **Section Number:** Form6\_Main  
**Field Name:** Congenital\_Presumptive  
**Row Name:** Congenital  
**Column Name:** Presumptive positive screens  
**Year:** 2010  
**Field Note:**  
2008 hypothyroidism 3 presumptive positive.
3. **Section Number:** Form6\_Main  
**Field Name:** Phenylketonuria\_Confirmed  
**Row Name:** Phenylketonuria  
**Column Name:** Confirmed Cases  
**Year:** 2010  
**Field Note:**  
No confirmed cases in 2008 for phenylketonuria.
4. **Section Number:** Form6\_Main  
**Field Name:** Congenital\_Confirmed  
**Row Name:** Congenital  
**Column Name:** Confirmed Cases  
**Year:** 2010  
**Field Note:**  
2008 hypothyroidism 1 confirmed case.
5. **Section Number:** Form6\_Main  
**Field Name:** Congenital\_TreatmentNo  
**Row Name:** Congenital  
**Column Name:** Needing treatment that received treatment  
**Year:** 2010  
**Field Note:**  
2008 hypothyroidism1 confirmed case receiving treatment.
6. **Section Number:** Form6\_Other Screening Types  
**Field Name:** Other  
**Row Name:** All Rows  
**Column Name:** All Columns  
**Year:** 2010  
**Field Note:**  
2008 Other (Acyclarnitines) 2 presumptive positive but no confirmed cases.

**FORM 7**  
**NUMBER OF INDIVIDUALS SERVED (UNDUPLICATED) UNDER TITLE V**  
**(BY CLASS OF INDIVIDUALS AND PERCENT OF HEALTH COVERAGE)**

[Sec. 506(a)(2)(A)(i-ii)]

**STATE: MP**

Reporting Year: 2008

Types of Individuals Served	TITLE V	PRIMARY SOURCES OF COVERAGE				
	(A) Total Served	(B) Title XIX %	(C) Title XXI %	(D) Private/Other %	(E) None %	(F) Unknown %
Pregnant Women	863	32.9	0.0	26.4	40.7	0.0
Infants < 1 year old	2,037	40.3	0.0	23.1	36.6	0.0
Children 1 to 22 years old	18,008	38.2	0.0	49.5	12.3	0.0
Children with Special Healthcare Needs	161	37.9	0.0	50.3	11.8	0.0
Others	13,702	23.9	0.0	47.6	28.5	0.0
<b>TOTAL</b>	<b>34,771</b>					

**FORM NOTES FOR FORM 7**

The 2008 figures are provsional pending accounting unit data submission.

**FIELD LEVEL NOTES**

1. **Section Number:** Form7\_Main  
**Field Name:** Children\_0\_1\_TS  
**Row Name:** Infants <1 year of age  
**Column Name:** Title V Total Served  
**Year:** 2010  
**Field Note:**

The number of infants in 2008 newborns and infants less than 1 yr that visited public health for service within the year.



**FORM 8**  
**DELIVERIES AND INFANTS SERVED BY TITLE V AND ENTITLED TO BENEFITS UNDER TITLE**  
**XIX**  
**(BY RACE AND ETHNICITY)**  
[SEC. 506(A)(2)(C-D)]  
**STATE: MP**

Reporting Year: 2008

**I. UNDUPLICATED COUNT BY RACE**

	(A) Total All Races	(B) White	(C) Black or African American	(D) American Indian or Native Alaskan	(E) Asian	(F) Native Hawaiian or Other Pacific Islander	(G) More than one race reported	(H) Other and Unknown
<b>DELIVERIES</b>								
Total Deliveries in State	1,272	4	0	0	746	513	9	0
Title V Served	1,272	4	0	0	746	513	9	0
Eligible for Title XIX	1,272	4	0	0	746	513	9	0
<b>INFANTS</b>								
Total Infants in State	2,037	11	0	8	1,122	895	0	1
Title V Served	2,037	11	0	8	1,122	895	0	1
Eligible for Title XIX	2,037	11	0	8	1,122	895	0	1

**II. UNDUPLICATED COUNT BY ETHNICITY**

<b>HISPANIC OR LATINO (Sub-categories by country or area of origin)</b>								
	(A) Total NOT Hispanic or Latino	(B) Total Hispanic or Latino	(C) Ethnicity Not Reported	(B.1) Mexican	(B.2) Cuban	(B.3) Puerto Rican	(B.4) Central and South American	(B.5) Other and Unknown
<b>DELIVERIES</b>								
Total Deliveries in State	1,272	0	0	0	0	0	0	0
Title V Served	1,272	0	0	0	0	0	0	0
Eligible for Title XIX	1,272	0	0	0	0	0	0	0
<b>INFANTS</b>								
Total Infants in State	2,036	1	0	0	0	0	1	0
Title V Served	2,036	1	0	0	0	0	1	0
Eligible for Title XIX	2,036	1	0	0	0	0	1	0

## FORM NOTES FOR FORM 8

None

### FIELD LEVEL NOTES

1. **Section Number:** Form8\_I. Unduplicated Count By Race  
**Field Name:** DeliveriesTotal\_All  
**Row Name:** Total Deliveries in State  
**Column Name:** Total All Races  
**Year:** 2010  
**Field Note:**  
There were 1266 live births + 6 fetal deaths in 2008 totaling 1272 births.
2. **Section Number:** Form8\_I. Unduplicated Count By Race  
**Field Name:** DeliveriesTitleV\_All  
**Row Name:** Title V Served  
**Column Name:** Total All Races  
**Year:** 2010  
**Field Note:**  
Live birth 1266+6 fetal death totaling 1272 births in 2008.
3. **Section Number:** Form8\_I. Unduplicated Count By Race  
**Field Name:** InfantsTotal\_All  
**Row Name:** Total Infants in State  
**Column Name:** Total All Races  
**Year:** 2010  
**Field Note:**  
There were 1266 live birth + 6 fetal death totaling 1272 births.
4. **Section Number:** Form8\_II. Unduplicated Count by Ethnicity  
**Field Name:** DeliveriesTotal\_TotalNotHispanic  
**Row Name:** Total Deliveries in State  
**Column Name:** Total Not Hispanic or Latino  
**Year:** 2010  
**Field Note:**  
There were 1266 live births + 6 fetal death totaling 1272 births in 2008.

**FORM 9**  
**STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM**  
[SECS. 505(A)(E) AND 509(A)(8)]  
**STATE: MP**

	<b>FY 2010</b>	<b>FY 2009</b>	<b>FY 2008</b>	<b>FY 2007</b>	<b>FY 2006</b>
1. State MCH Toll-Free "Hotline" Telephone Number	<u>670-664-4850/51</u>	<u>670-664-4850/51</u>	<u>670-664-4850/51</u>	<u>670-664-4850/51</u>	<u>(670) 664-4850/51/66/67</u>
2. State MCH Toll-Free "Hotline" Name	Southern Community Wellness Center	Southern Community Wellness Center	Southern Community Wellness Center	Southern and Northern Community Wellness Center.	Division of Public Health, Maternal and Child Health
3. Name of Contact Person for State MCH "Hotline"	<u>Ms. Mel Rogolifoi</u>	<u>Ms. Cindy Rodeo</u>	<u>Ms. Cindy Rodeo</u>	<u>Ms. Cindy Rodeo</u>	<u>Margarita Torres Aldan</u>
4. Contact Person's Telephone Number	<u>670-664-4850</u>	<u>670-664-4850</u>	<u>670-664-4850</u>	<u>(670) 664-4850</u>	<u>(670) 236-8714</u>
5. Contact Person's Email	<u>melrogo@yahoo.com</u>	<u></u>	<u></u>	<u></u>	<u></u>
6. Number of calls received on the State MCH "Hotline" this reporting period	<u>0</u>	<u>0</u>	<u>160</u>	<u>148</u>	<u>210</u>

**FORM 9**  
**STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM (OPTIONAL)**  
[SECS. 505(A)(E) AND 509(A)(8)]  
**STATE: MP**

	<b>FY 2010</b>	<b>FY 2009</b>	<b>FY 2008</b>	<b>FY 2007</b>	<b>FY 2006</b>
1. State MCH Toll-Free "Hotline" Telephone Number	<u></u>	<u></u>	<u>670-236-8733</u>	<u>670 664-48671/236-8734</u>	<u></u>
2. State MCH Toll-Free "Hotline" Name	<u></u>	<u></u>	Immunization Information	Northern Community Wellness Center Immunization Program	<u></u>
3. Name of Contact Person for State MCH "Hotline"	<u></u>	<u></u>	<u>Mariana Sablan</u>	<u>Margarita Torres Aldan</u>	<u></u>
4. Contact Person's Telephone Number	<u></u>	<u></u>	<u>670-236-8703</u>	<u>670-236-8714</u>	<u></u>
5. Contact Person's Email	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
6. Number of calls received on the State MCH "Hotline" this reporting period	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>

## FORM NOTES FOR FORM 9

None

### FIELD LEVEL NOTES

1. **Section Number:** Form9\_Main

**Field Name:** calls\_2

**Row Name:** Number of calls received On the State MCH Hotline This reporting period

**Column Name:** FY

**Year:** 2008

**Field Note:**

The increase is for telephone calls regarding questions to names of 4 private clinics that Medicaid participants can go to. In reviewing the calls, majority of telephone calls are for general information on common colds, referrals to program such as BCCSP, and provider information. We do not include calls for information on clinic hours and location.

**FORM 10**  
**TITLE V MATERNAL & CHILD HEALTH SERVICES BLOCK GRANT**  
**STATE PROFILE FOR FY 2010**  
[SEC. 506(A)(1)]  
**STATE: MP**

1. State MCH Administration:  
(max 2500 characters)

The Department of Public Health, under the authorized representative of the Secretary of Public Health., is responsible for the administration of the Maternal and Child Health Program and all federally funded programs. The program provides newborn hearing screening, child's health services, adolescent health services, children with special health care needs and women' health. The program's strength is with its collaborative work with its partners.

Block Grant Funds

2. Federal Allocation (Line 1, Form 2)	\$ 477,986
3. Unobligated balance (Line 2, Form 2)	\$ 0
4. State Funds (Line 3, Form 2)	\$ 965,706
5. Local MCH Funds (Line 4, Form 2)	\$ 0
6. Other Funds (Line 5, Form 2)	\$ 0
7. Program Income (Line 6, Form 2)	\$ 191,334
<b>8. Total Federal-State Partnership (Line 8, Form 2)</b>	<b>\$ 1,635,026</b>

9. Most significant providers receiving MCH funds:

Southern Community Wellness Center
Dental Clinic
Adolescent Health Center
Children's Developmental Assistance Center

10. Individuals served by the Title V Program (Col. A, Form 7)

a. Pregnant Women	863
b. Infants < 1 year old	2,037
c. Children 1 to 22 years old	18,008
d. CSHCN	161
e. Others	13,702

11. Statewide Initiatives and Partnerships:

a. Direct Medical Care and Enabling Services:

(max 2500 characters)

School Dental Program - initiative with Head Start Program to conduct joint home visits for dental education. We have been working with the program in the treatment service students enrolled in Medicaid. We continue to partner with the Wise Women Village Project to provide well women exam, fasting blood glucose and total cholesterol screenings, blood pressure, BMI, and tobacco use and physical activity assessment.

b. Population-Based Services:

(max 2500 characters)

HPV School Campaign to students at public and private junior high schools. Newborn hearing screening before hospital discharge. Head Start School Dental Program joint home visits for dental education to families . Reach Out and Read Program. Flu W.A.T.C.H. Campaign

c. Infrastructure Building Services:

(max 2500 characters)

Newborn Screening Data System Birth Defects Registry Training - case management; developmental disabilities; autism spectrum disorder; components of newborn hearing screening program.

12. The primary Title V Program contact person:

Name	Margarita Torres Aldan
Title	MCH Program Coordinator
Address	P.O. Box 500409
City	Saipan
State	MP
Zip	96950
Phone	670-236-8703
Fax	670-236-8700
Email	mtaldan@gmail.com

13. The children with special health care needs (CSHCN) contact person:

Name	Shiella Perez
Title	CSHCN Coordinator
Address	P.O. Box 500409
City	Saipan
State	MP
Zip	96950
Phone	670-236-8709
Fax	670-236-8700
Email	shiellap@yahoo.com



**FORM NOTES FOR FORM 10**

None

**FIELD LEVEL NOTES**

None

**FORM 11**  
**TRACKING PERFORMANCE MEASURES**  
[SECS 485 (2)(2)(B)(iii) AND 486 (A)(2)(A)(iii)]  
**STATE: MP**

**Form Level Notes for Form 11**

Hospital Division has been fully enforcing payment first before specimen is dropped. We will continue to work on payment plans and enrolling women into Medicaid of Medically Indigent Assistance Program.

**PERFORMANCE MEASURE # 01**

The percent of screen positive newborns who received timely follow up to definitive diagnosis and clinical management for condition(s) mandated by their State-sponsored newborn screening programs.

<b>Annual Objective and Performance Data</b>					
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Performance Objective</b>	80	82	96.5	97	98.5
<b>Annual Indicator</b>	87.0	96.1	0.0	0.0	0.1
<b>Numerator</b>	1,177	1,280	0	0	1
<b>Denominator</b>	1,353	1,332	1,422	1,385	1,266
<b>Data Source</b>					Lab
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
<b>Is the Data Provisional or Final?</b>				Final	Final

<b>Annual Objective and Performance Data</b>					
	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>
<b>Annual Performance Objective</b>	98.5	98.5	98.5	98.5	98.6
<b>Annual Indicator</b>					
<b>Numerator</b>	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
<b>Denominator</b>					

**Field Level Notes**

- Section Number:** Form11\_Performance Measure #1  
**Field Name:** PM01  
**Row Name:**  
**Column Name:**  
**Year:** 2008  
**Field Note:**  
 In 2008, newborn metabolic screening 1112. Hypothyroidism 1 positive case receiving treatment.
- Section Number:** Form11\_Performance Measure #1  
**Field Name:** PM01  
**Row Name:**  
**Column Name:**  
**Year:** 2007  
**Field Note:**  
 Metabolic screening 1075. There were no positive case for newborn condition in 2007.
- Section Number:** Form11\_Performance Measure #1  
**Field Name:** PM01  
**Row Name:**  
**Column Name:**  
**Year:** 2006  
**Field Note:**  
 Newborn metabolic screening 1303. There were no confirm cases in 2006.



**PERFORMANCE MEASURE # 02**

The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective		87	87	87	88
Annual Indicator	87.0	87.0	87.0	87.0	87.0
Numerator	147	147	147	147	147
Denominator	169	169	169	169	169
Data Source					CSHCN survey
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Final

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	88	88	88	88.1	88.1
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #2**Field Name:** PM02**Row Name:****Column Name:****Year:** 2008**Field Note:**

The data reported in 2008 are pre-populated with the data from 2005 for this performance measure.

**2. Section Number:** Form11\_Performance Measure #2**Field Name:** PM02**Row Name:****Column Name:****Year:** 2007**Field Note:**

The data reported in 2007 are pre-populated with the data from 2005 for this performance measure.

**3. Section Number:** Form11\_Performance Measure #2**Field Name:** PM02**Row Name:****Column Name:****Year:** 2006**Field Note:**

The data reported in 2006 are pre-populated with the data from 2005 for this performance measure.

**PERFORMANCE MEASURE # 03**

The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
Annual Performance Objective		68	69	69	69
Annual Indicator	68.0	68.0	68.0	68.0	68.0
Numerator	115	115	115	115	115
Denominator	169	169	169	169	169

**Data Source**

CSHCN survey

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Final

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
Annual Performance Objective	70	70	70	70	70.2

**Annual Indicator****Numerator****Denominator**

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #3

**Field Name:** PM03

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

The data reported in 2008 are pre-populated with the data from 2005 for this performance measure.

**2. Section Number:** Form11\_Performance Measure #3

**Field Name:** PM03

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

The data reported in 2007 are pre-populated with the data from 2005 for this performance measure.

**3. Section Number:** Form11\_Performance Measure #3

**Field Name:** PM03

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

The data reported in 2006 are pre-populated with the data from 2005 for this performance measure.

**PERFORMANCE MEASURE # 04**

The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey)

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective		68	69	69	70
Annual Indicator	68.6	68.6	68.6	68.6	68.6
Numerator	116	116	116	116	116
Denominator	169	169	169	169	169
Data Source					CSHCN survey
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Final

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	70	70	70	70	70.5
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #4**Field Name:** PM04**Row Name:****Column Name:****Year:** 2008**Field Note:**

The data reported in 2008 are pre-populated with the data from 2005 for this performance measure.

**2. Section Number:** Form11\_Performance Measure #4**Field Name:** PM04**Row Name:****Column Name:****Year:** 2007**Field Note:**

The data reported in 2007 are pre-populated with the data from 2005 for this performance measure.

**3. Section Number:** Form11\_Performance Measure #4**Field Name:** PM04**Row Name:****Column Name:****Year:** 2006**Field Note:**

The data reported in 2006 are pre-populated with the data from 2005 for this performance measure.

**PERFORMANCE MEASURE # 05**

Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey)

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective		44	45	45	46
Annual Indicator	43.2	43.2	43.2	43.2	43.2
Numerator	73	73	73	73	73
Denominator	169	169	169	169	169
Data Source					CSHCN survey
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	46	46	46	46.1	46.2
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #5**Field Name:** PM05**Row Name:****Column Name:****Year:** 2008**Field Note:**

The data reported in 2008 are pre-populated with the data from 2005 for this performance measure.

**2. Section Number:** Form11\_Performance Measure #5**Field Name:** PM05**Row Name:****Column Name:****Year:** 2007**Field Note:**

The data reported in 2007 are pre-populated with the data from 2005 for this performance measure.

**3. Section Number:** Form11\_Performance Measure #5**Field Name:** PM05**Row Name:****Column Name:****Year:** 2006**Field Note:**

The data reported in 2006 are pre-populated with the data from 2005 for this performance measure.

**PERFORMANCE MEASURE # 06**

The percentage of youth with special health care needs who received the services necessary to make transitions to all aspects of adult life, including adult health care, work, and independence.

<b>Annual Objective and Performance Data</b>					
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Performance Objective</b>		6	6	7	7
<b>Annual Indicator</b>	5.9	5.9	5.9	5.9	5.9
<b>Numerator</b>	10	10	10	10	10
<b>Denominator</b>	169	169	169	169	169
<b>Data Source</b>					CSHCN survey
<b>Check this box if you cannot report the numerator because</b> 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. <i>(Explain data in a year note. See Guidance, Appendix IX.)</i>					
<b>Is the Data Provisional or Final?</b>				Provisional	Provisional

<b>Annual Objective and Performance Data</b>					
	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>
<b>Annual Performance Objective</b>	8	8	8	8	8.1
<b>Annual Indicator</b>					
<b>Numerator</b>					
<b>Denominator</b>					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #6**Field Name:** PM06**Row Name:****Column Name:****Year:** 2008**Field Note:**

The data reported in 2008 are pre-populated with the data from 2005 for this performance measure.

**2. Section Number:** Form11\_Performance Measure #6**Field Name:** PM06**Row Name:****Column Name:****Year:** 2007**Field Note:**

The data reported in 2007 are pre-populated with the data from 2005 for this performance measure.

**3. Section Number:** Form11\_Performance Measure #6**Field Name:** PM06**Row Name:****Column Name:****Year:** 2006**Field Note:**

The data reported in 2006 are pre-populated with the data from 2005 for this performance measure.

**PERFORMANCE MEASURE # 07**

Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.

<b>Annual Objective and Performance Data</b>					
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Performance Objective</b>	90	90	75	75	88
<b>Annual Indicator</b>	67.8	66.9	72.3	76.9	77.1
<b>Numerator</b>	1,167	852	1,273	1,109	1,125
<b>Denominator</b>	1,720	1,274	1,761	1,442	1,459
<b>Data Source</b>					Immunization Registry
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
<b>Is the Data Provisional or Final?</b>				Final	Provisional

<b>Annual Objective and Performance Data</b>					
	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>
<b>Annual Performance Objective</b>	88.5	88.5	88.5	89	89
<b>Annual Indicator</b>					
<b>Numerator</b>	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
<b>Denominator</b>					

**Field Level Notes**

- Section Number:** Form11\_Performance Measure #7  
**Field Name:** PM07  
**Row Name:**  
**Column Name:**  
**Year:** 2008  
**Field Note:**  
 In 2008, 1125 19 to 35 month olds received full schedule of appropriate immunization.
- Section Number:** Form11\_Performance Measure #7  
**Field Name:** PM07  
**Row Name:**  
**Column Name:**  
**Year:** 2007  
**Field Note:**  
 Of 1442 19-35 month old, 1109 received full immunization schedule
- Section Number:** Form11\_Performance Measure #7  
**Field Name:** PM07  
**Row Name:**  
**Column Name:**  
**Year:** 2006  
**Field Note:**  
 1273 19 to 35 months olds received full schedule of age appropriate immunization.

**PERFORMANCE MEASURE # 08**

The rate of birth (per 1,000) for teenagers aged 15 through 17 years.

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
Annual Performance Objective	30	28	31	30	26.5
Annual Indicator	35.4	31.3	22.2	21.5	20.3
Numerator	41	37	33	33	32
Denominator	1,159	1,184	1,485	1,533	1,573

**Data Source**

live birth certificates

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
Annual Performance Objective	26.5	26.5	26.5	26.5	26

**Annual Indicator****Numerator****Denominator**

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #8

**Field Name:** PM08

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

32 teens 15-17yrs gave birth in 2008.

**2. Section Number:** Form11\_Performance Measure #8

**Field Name:** PM08

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

33 births for mothers 15-17 years old in 2007. Denominator revised.

**3. Section Number:** Form11\_Performance Measure #8

**Field Name:** PM08

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

33 teenagers aged 15-17 years for 2006.

**PERFORMANCE MEASURE # 09**

Percent of third grade children who have received protective sealants on at least one permanent molar tooth.

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
Annual Performance Objective	82	81.5	60	60	66
Annual Indicator	56.9	58.8	65.0	65.9	90.7
Numerator	1,564	1,582	1,650	1,907	691
Denominator	2,748	2,690	2,537	2,892	762

**Data Source**

Dental program

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

**Is the Data Provisional or Final?**

Provisional

Provisional

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
Annual Performance Objective	67	68	68.5	69	69
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #9**Field Name:** PM09**Row Name:****Column Name:****Year:** 2008**Field Note:**

First graders only. First sealant application. Of the 762 first graders, 691 students received at least 1 protective sealant in 2008.

**2. Section Number:** Form11\_Performance Measure #9**Field Name:** PM09**Row Name:****Column Name:****Year:** 2007**Field Note:**

1,907 1st, 5th, and 6th graders received protective sealant in 2007; 2,892 1st, 5th, and 6th grade enrollees.

**3. Section Number:** Form11\_Performance Measure #9**Field Name:** PM09**Row Name:****Column Name:****Year:** 2006**Field Note:**

1st, 5th, &amp; 6th graders received sealants for 2006.



**PERFORMANCE MEASURE # 10**

The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
Annual Performance Objective	20	20	6	6	0
Annual Indicator	0.0	12.5	12.5	0.0	6.1
Numerator	0	2	2	0	1
Denominator	15,699	15,978	15,973	16,443	16,372
Data Source					Death certificates

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Yes

Yes

Final

Final

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
Annual Performance Objective	10	10	10	6	6
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #10

**Field Name:** PM10

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Only 1 MVA death in 2008.

**2. Section Number:** Form11\_Performance Measure #10

**Field Name:** PM10

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Denominator revised

**3. Section Number:** Form11\_Performance Measure #10

**Field Name:** PM10

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Average number for the last 3 years is 2, fewer than 5, therefore a 3 year moving average cannot be applied.

**PERFORMANCE MEASURE # 11**

The percent of mothers who breastfeed their infants at 6 months of age.

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
Annual Performance Objective			80	80	80
Annual Indicator			47.8	35.0	33.7
Numerator			680	485	63
Denominator			1,422	1,385	187
Data Source					WIC program

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Final

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
Annual Performance Objective	33	33	40	50	50
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

1. **Section Number:** Form11\_Performance Measure #11

**Field Name:** PM11

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

WIC data collection for mothers breastfeeding at 6 months started in October 2008. 245 mothers reported breastfeeding at 6 months of age.

2. **Section Number:** Form11\_Performance Measure #11

**Field Name:** PM11

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Data provided by WIC, incomplete 2007.

3. **Section Number:** Form11\_Performance Measure #11

**Field Name:** PM11

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

WIC data not available yet. These figures are estimated from the birth registration. However, data from WIC will be collected for this performance measure.

**PERFORMANCE MEASURE # 12**

Percentage of newborns who have been screened for hearing before hospital discharge.

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
Annual Performance Objective	100	100	100	100	99
Annual Indicator	100.0	99.3	99.4	97.7	98.3
Numerator	1,353	1,323	1,414	1,353	1,244
Denominator	1,353	1,332	1,422	1,385	1,266

Data Source

EHDI

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer  
 than 5 and therefore a 3-year moving average cannot be  
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
Annual Performance Objective	99	99	99	99	98.9

Annual Indicator

Numerator

Denominator

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #12**Field Name:** PM12**Row Name:****Column Name:****Year:** 2008**Field Note:**

In 2008, 1244 newborn screened for hearing, 4 positive, 2 left and 2 receiving treatment.

**2. Section Number:** Form11\_Performance Measure #12**Field Name:** PM12**Row Name:****Column Name:****Year:** 2007**Field Note:**

1,383 newborns screened before discharge in 2007

**PERFORMANCE MEASURE # 13**

Percent of children without health insurance.

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
Annual Performance Objective	13.9	12.9	44	44	43
Annual Indicator	15.6	44.6	48.7	50.7	61.7
Numerator	3,138	9,211	10,335	9,961	12,155
Denominator	20,064	20,647	21,230	19,636	19,707
Data Source					RPMS

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Final

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
Annual Performance Objective	60	60	60	55	55
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

1. **Section Number:** Form11\_Performance Measure #13

**Field Name:** PM13**Row Name:****Column Name:****Year:** 2008**Field Note:**

2551 children 0-17yrs with no insurance.

2. **Section Number:** Form11\_Performance Measure #13

**Field Name:** PM13**Row Name:****Column Name:****Year:** 2007**Field Note:**

9,961 children 17 years and under without health insurance in 2007. Total children in state revised to reflect new estimate projection.

3. **Section Number:** Form11\_Performance Measure #13

**Field Name:** PM13**Row Name:****Column Name:****Year:** 2006**Field Note:**

Data derived from RPMS. Total number of non-insured children Less than 18 yrs were 10,335 for 2006. Will meet with Medical Records staff to explain variables of insurance coverage in the RPMS system.

**PERFORMANCE MEASURE # 14**

Percentage of children, ages 2 to 5 years, receiving WIC services with a Body Mass Index (BMI) at or above the 85th percentile.

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
Annual Performance Objective			50	50	50
Annual Indicator			0.0	0.0	25.9
Numerator			1	1	308
Denominator			5,059	5,220	1,188
Data Source					WIC program

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
Annual Performance Objective	30	30	30	30	30
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #14

**Field Name:** PM14

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

In 2008, total children in the WIC program aged 2-5 yrs. 308 were at or above the 85th percentile.

**2. Section Number:** Form11\_Performance Measure #14

**Field Name:** PM14

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Estimated population 2-5 years in 2008. Data not readily available during this report

**3. Section Number:** Form11\_Performance Measure #14

**Field Name:** PM14

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Number of children 2-5 years for 2006 is 5,059. WIC is not in operation yet.

**PERFORMANCE MEASURE # 15**

Percentage of women who smoke in the last three months of pregnancy.

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
Annual Performance Objective			1	1	60
Annual Indicator		100.0	100.0	100.0	15.8
Numerator		1	1	1	12
Denominator		1	1	1	76
Data Source					PRAMS

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
Annual Performance Objective	20	20	20	20	20
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

1. **Section Number:** Form11\_Performance Measure #15

**Field Name:** PM15**Row Name:****Column Name:****Year:** 2008**Field Note:**

10% variance of 1266 pregnant women to be surveyed. Preliminary report based on 76 completed surveys. Final result pending completion of 51 remaining data entry.

2. **Section Number:** Form11\_Performance Measure #15

**Field Name:** PM15**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data on women smoked in the 3 months of pregnancy is not available at the time of reporting

3. **Section Number:** Form11\_Performance Measure #15

**Field Name:** PM15**Row Name:****Column Name:****Year:** 2006**Field Note:**

Surveillance on women smoked in the 3 months has not being implemented in the Women's Clinic, hence annual performance objective cannot be determined yet.

**PERFORMANCE MEASURE # 16**

The rate (per 100,000) of suicide deaths among youths aged 15 through 19.

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
Annual Performance Objective	50.5	50.5	5	5	1
Annual Indicator	0.0	0.0	0.0	0.0	18.9
Numerator	0	0	0	0	1
Denominator	4,411	4,528	4,645	4,762	5,279

**Data Source**

Death certificate

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Yes Yes Yes

Provisional

Provisional

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
Annual Performance Objective	20	20	20	15	15

**Annual Indicator****Numerator****Denominator**

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #16

**Field Name:** PM16

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

In 2008, only 1 suicide death 15-19 yrs.

**2. Section Number:** Form11\_Performance Measure #16

**Field Name:** PM16

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

No case of suicide for 15-19 years teens in 2007

**3. Section Number:** Form11\_Performance Measure #16

**Field Name:** PM16

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

No cases of deaths 15-19 yrs for 2006. Average 3 yrs, zero.

**PERFORMANCE MEASURE # 17**

Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
Annual Performance Objective	1	1	1	1	1
Annual Indicator	100.0	100.0	100.0	100.0	100.0
Numerator	1	1	1	1	1
Denominator	1	1	1	1	1

**Data Source**

No high risk facility

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

**Is the Data Provisional or Final?**

Final

Provisional

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
Annual Performance Objective	1	1	1	1	1
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #17**Field Name:** PM17**Row Name:****Column Name:****Year:** 2008**Field Note:**

CNMI is excluded from this PM. There is no high risk facility in the CNMI.

**2. Section Number:** Form11\_Performance Measure #17**Field Name:** PM17**Row Name:****Column Name:****Year:** 2007**Field Note:**

CNMI is excluded from this PM. There is no high risk facility in the CNMI.

**3. Section Number:** Form11\_Performance Measure #17**Field Name:** PM17**Row Name:****Column Name:****Year:** 2006**Field Note:**

CNMI is excluded from this PM.



**PERFORMANCE MEASURE # 18**

Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
<b>Annual Performance Objective</b>	30.2	31.4	28	29	29.9
<b>Annual Indicator</b>	26.2	28.2	22.9	29.1	17.3
<b>Numerator</b>	354	375	326	403	219
<b>Denominator</b>	1,353	1,332	1,422	1,385	1,266

**Data Source**

Birth registration

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

**Is the Data Provisional or Final?**

Final

Provisional

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
<b>Annual Performance Objective</b>	30	30.9	31	31	31.1

**Annual Indicator****Numerator****Denominator**

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #18**Field Name:** PM18**Row Name:****Column Name:****Year:** 2008**Field Note:**

PNC visit in 1st trimester in 2008 birth registration showed 213.

**2. Section Number:** Form11\_Performance Measure #18**Field Name:** PM18**Row Name:****Column Name:****Year:** 2007**Field Note:**

Derived from Birth certificates. 403 first visit in the 1st trimester 2007.

**3. Section Number:** Form11\_Performance Measure #18**Field Name:** PM18**Row Name:****Column Name:****Year:** 2006**Field Note:**

Based on the live birth registration data, only 326 women received prenatal care beginning in the 1st trimester in 2006.

**STATE PERFORMANCE MEASURE # 1**

The percent of unplanned pregnancies of birth (per 1,000) for women aged 15-44 years

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective			52.5	50	75
Annual Indicator	55.0	55.4	57.8	78.8	66.4
Numerator	744	738	822	1,091	844
Denominator	1,353	1,332	1,422	1,385	1,272
Data Source					Family Planning Program
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	70	70	65	65	60
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

- Section Number:** Form11\_State Performance Measure #1  
**Field Name:** SM1  
**Row Name:**  
**Column Name:**  
**Year:** 2008  
**Field Note:**  
 Estimated 66.7 percent reported unplanned pregnancies from the 196 mothers in 2008. Full report on family planning on prenatal care visits will be implemented for the proceeding years.
- Section Number:** Form11\_State Performance Measure #1  
**Field Name:** SM1  
**Row Name:**  
**Column Name:**  
**Year:** 2007  
**Field Note:**  
 Total intended pregnancies in 2007 is 294, unintended 1091
- Section Number:** Form11\_State Performance Measure #1  
**Field Name:** SM1  
**Row Name:**  
**Column Name:**  
**Year:** 2006  
**Field Note:**  
 822 women 15-44 yrs had unplanned pregnancies for 2006. Data derived from the Women's Clinic logbook.

**STATE PERFORMANCE MEASURE # 2**

Percent of women who have ever received a pap smear.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective			7.9	7.9	7.9
Annual Indicator	7.4	7.9	10.0	11.0	11.1
Numerator	2,550	2,808	2,512	2,623	2,533
Denominator	34,239	35,634	25,140	23,945	22,760
Data Source					BCSP & Wise Women Project
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	8	8	8	8	10
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

- Section Number:** Form11\_State Performance Measure #2

**Field Name:** SM2**Row Name:****Column Name:****Year:** 2008**Field Note:**

There were 2509 number of women ever received pap smear in 2008.

- Section Number:** Form11\_State Performance Measure #2

**Field Name:** SM2**Row Name:****Column Name:****Year:** 2007**Field Note:**

Denominator revised.

- Section Number:** Form11\_State Performance Measure #2

**Field Name:** SM2**Row Name:****Column Name:****Year:** 2006**Field Note:**

There were 2,512 women received pap smear in 2006. Data derived from Lab, Becky. Vital stats will set a collection system to keep track of all lab tests and newborn screenings. Denominator revised.

**STATE PERFORMANCE MEASURE # 3**

Percent of women who have ever received a mammogram.

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective			12.8	12.8	12
Annual Indicator	14.2	12.8	11.9	5.9	5.4
Numerator	1,084	1,014	1,087	558	521
Denominator	7,615	7,949	9,160	9,387	9,599
Data Source					lab
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	12	12	12.5	12.5	11
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Form11\_State Performance Measure #3**Field Name:** SM3**Row Name:****Column Name:****Year:** 2008**Field Note:**

The number of mammogram decrease due to lack of professional staff from July to November 2008.

**2. Section Number:** Form11\_State Performance Measure #3**Field Name:** SM3**Row Name:****Column Name:****Year:** 2007**Field Note:**

The decrease in mammography was due to lack of Radiologist in 2007. Denominator revised.

**3. Section Number:** Form11\_State Performance Measure #3**Field Name:** SM3**Row Name:****Column Name:****Year:** 2006**Field Note:**

There were 1,087 women received mammogram in 2006. Data derived from radiology unit, Mina. Denominator revised.

**STATE PERFORMANCE MEASURE # 4**

Percent of eligible infants with disabilities under the age of 1 year receiving early intervention services.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective			132	132	30
Annual Indicator		132.9	17.6	30.3	43.4
Numerator		177	25	42	55
Denominator		1,332	1,422	1,385	1,266
Data Source					CDAC
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	45	45	45	50	50
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

1. **Section Number:** Form11\_State Performance Measure #4

**Field Name:** SM4**Row Name:****Column Name:****Year:** 2008**Field Note:**

In 2008, 55 infants were referred for early intervention. Four (4) infants received early intervention services but two (2) left the island since.

2. **Section Number:** Form11\_State Performance Measure #4

**Field Name:** SM4**Row Name:****Column Name:****Year:** 2007**Field Note:**

42 under 1 year old C DAC services in 2007

3. **Section Number:** Form11\_State Performance Measure #4

**Field Name:** SM4**Row Name:****Column Name:****Year:** 2006**Field Note:**

C DAC database. 99 were referrals and 25 received early intervention services.

**STATE PERFORMANCE MEASURE # 5**

The rate of chlamydia for adolescents aged 13-19 years.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective			7	7	6
Annual Indicator	8.4	9.3	3.0	4.1	3.3
Numerator	52	59	22	30	25
Denominator	6,191	6,355	7,241	7,386	7,544
Data Source					HIV/STD program
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	6	6	6	5	5
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

1. **Section Number:** Form11\_State Performance Measure #5

**Field Name:** SM5

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

In 2008, 25 children ages 13-19 were positive for chlamydia.

2. **Section Number:** Form11\_State Performance Measure #5

**Field Name:** SM5

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

13-19 year old with chlamydia in 2007. Denominator revised.

3. **Section Number:** Form11\_State Performance Measure #5

**Field Name:** SM5

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Adolescents aged 13-19 yrs positive for chlamydia were 22 in 2006.

**STATE PERFORMANCE MEASURE # 6**

The degree to which State provides nutrition education information to children aged 6 through 11 years.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	65	71.5	50	50	52.5
Annual Indicator	16.1	20.3	18.2	15.1	13.7
Numerator	140	468	800	525	663
Denominator	872	2,310	4,400	3,485	4,837
Data Source					Nutritionist
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	20	20	20	25	25
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

1. **Section Number:** Form11\_State Performance Measure #6

**Field Name:** SM6

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Total enrollment for 6-11yrs. Nutrition education est. at 662.

2. **Section Number:** Form11\_State Performance Measure #6

**Field Name:** SM6

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Preliminary figure for nutrition education 6-11 yr old.

3. **Section Number:** Form11\_State Performance Measure #6

**Field Name:** SM6

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

2006 data is estimated only. Actual numbers pending Nutritionist.

**STATE PERFORMANCE MEASURE # 7**

The percent of pregnant women that are screened for chlamydia.

<b>Annual Objective and Performance Data</b>					
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Performance Objective</b>	<u>96</u>	<u>98</u>	<u>99</u>	<u>100</u>	<u>100</u>
<b>Annual Indicator</b>	<u>100.0</u>	<u>96.2</u>	<u>124.5</u>	<u>102.9</u>	<u>49.8</u>
<b>Numerator</b>	<u>1,353</u>	<u>1,281</u>	<u>1,770</u>	<u>1,425</u>	<u>633</u>
<b>Denominator</b>	<u>1,353</u>	<u>1,332</u>	<u>1,422</u>	<u>1,385</u>	<u>1,272</u>
<b>Data Source</b>					Lab
<b>Is the Data Provisional or Final?</b>				Provisional	Provisional

<b>Annual Objective and Performance Data</b>					
	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>
<b>Annual Performance Objective</b>	<u>55</u>	<u>55</u>	<u>60</u>	<u>60</u>	<u>65</u>
<b>Annual Indicator</b>					
<b>Numerator</b>					
<b>Denominator</b>					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Form11\_State Performance Measure #7**Field Name:** SM7**Row Name:****Column Name:****Year:** 2008**Field Note:**

estimated number of pregnant women screened.

**2. Section Number:** Form11\_State Performance Measure #7**Field Name:** SM7**Row Name:****Column Name:****Year:** 2007**Field Note:**

Provisional figure for pregnant women screened for chlamydia in 2007

**3. Section Number:** Form11\_State Performance Measure #7**Field Name:** SM7**Row Name:****Column Name:****Year:** 2006**Field Note:**

1770 women were screened for chlamydia in 2006. 1422 pregnant women delivered in 2006.



**FORM 12**  
**TRACKING HEALTH OUTCOME MEASURES**  
[SECS 505 (A)(2)(B)(III) AND 506 (A)(2)(A)(III)]  
**STATE: MP**

**Form Level Notes for Form 12**

None

**OUTCOME MEASURE # 01**

The infant mortality rate per 1,000 live births.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	6.9	6.7	6.5	6.5	6
Annual Indicator	8.9	3.8	6.3	4.3	3.9
Numerator	12	5	9	6	5
Denominator	1,353	1,332	1,422	1,385	1,266
Data Source					Death Certificates
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	6	5	5	4.9	3.5
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

- Section Number:** Form12\_Outcome Measure 1  
**Field Name:** OM01  
**Row Name:**  
**Column Name:**  
**Year:** 2008  
**Field Note:**  
 In 2008, there were 5 infants deaths.
- Section Number:** Form12\_Outcome Measure 1  
**Field Name:** OM01  
**Row Name:**  
**Column Name:**  
**Year:** 2007  
**Field Note:**  
 9 infant death; 1,385 live birth
- Section Number:** Form12\_Outcome Measure 1  
**Field Name:** OM01  
**Row Name:**  
**Column Name:**  
**Year:** 2006  
**Field Note:**  
 9 infant deaths in 2006.

**OUTCOME MEASURE # 02**

The ratio of the black infant mortality rate to the white infant mortality rate.

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
Annual Performance Objective					
Annual Indicator	NaN	0.0	0.0	0.0	0.0
Numerator	0	0	0	0	0
Denominator	0	1	1	1	1

Data Source

Death Certificates

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer  
 than 5 and therefore a 3-year moving average cannot be  
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Yes

Yes

Final

Final

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
Annual Performance Objective					
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

1. **Section Number:** Form12\_Outcome Measure 2

**Field Name:** OM02

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Zero to report and 3 yrs average is zero.

2. **Section Number:** Form12\_Outcome Measure 2

**Field Name:** OM02

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Zero to report and 3 yrs average is zero.

3. **Section Number:** Form12\_Outcome Measure 2

**Field Name:** OM02

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Zero to report and 3 yrs average is zero.

**OUTCOME MEASURE # 03**

The neonatal mortality rate per 1,000 live births.

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
Annual Performance Objective	5.3	4.9	4.5	4	4
Annual Indicator	4.4	3.0	4.2	2.9	3.2
Numerator	6	4	6	4	4
Denominator	1,353	1,332	1,422	1,385	1,266
Data Source					Livebirth certificates

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer  
 than 5 and therefore a 3-year moving average cannot be  
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
Annual Performance Objective	4	4	3.5	3.5	3
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are  
 not required for future year data.

**Field Level Notes****1. Section Number:** Form12\_Outcome Measure 3**Field Name:** OM03**Row Name:****Column Name:****Year:** 2008**Field Note:**

There were 4 neonatal death in 2008.

**2. Section Number:** Form12\_Outcome Measure 3**Field Name:** OM03**Row Name:****Column Name:****Year:** 2007**Field Note:**

2 early neonatal + 2 late neonatal = 4

**3. Section Number:** Form12\_Outcome Measure 3**Field Name:** OM03**Row Name:****Column Name:****Year:** 2006**Field Note:**

6 neonatal death for 2006.

**OUTCOME MEASURE # 04**

The postneonatal mortality rate per 1,000 live births.

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
Annual Performance Objective	1.1	1	1	1	1
Annual Indicator	4.4	0.8	2.1	1.4	0.8
Numerator	6	1	3	2	1
Denominator	1,353	1,332	1,422	1,385	1,266

Data Source

Death Certificates

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer  
 than 5 and therefore a 3-year moving average cannot be  
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Yes

Yes

Final

Final

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
Annual Performance Objective	1	1	1	1	1
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

1. **Section Number:** Form12\_Outcome Measure 4

**Field Name:** OM04

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

In 2008, 1 postneonatal death.

2. **Section Number:** Form12\_Outcome Measure 4

**Field Name:** OM04

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

2 postneonatal mortality

3. **Section Number:** Form12\_Outcome Measure 4

**Field Name:** OM04

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Average 3 years fewer than 5 events, therefore 3 year moving average cannot be applied.

**OUTCOME MEASURE # 05**

The perinatal mortality rate per 1,000 live births plus fetal deaths.

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
Annual Performance Objective	3.5	3	3	3	11
Annual Indicator	11.1	9.0	8.4	11.4	4.7
Numerator	15	12	12	16	6
Denominator	1,353	1,340	1,430	1,404	1,272

Data Source

Vital Stats

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
Annual Performance Objective	11	10	10	10	10

Annual Indicator

Numerator

Denominator

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

1. **Section Number:** Form12\_Outcome Measure 5

**Field Name:** OM05

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

There were 6 perinatal mortality and 1266 birth plus 6 fetal death in 2008.

2. **Section Number:** Form12\_Outcome Measure 5

**Field Name:** OM05

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

14 late fetal death + 2 early neonatal = 16 perinatal; denominator live birth + late fetal death

3. **Section Number:** Form12\_Outcome Measure 5

**Field Name:** OM05

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

There were 12 Perinatal deaths in 2006.

**OUTCOME MEASURE # 06**

The child death rate per 100,000 children aged 1 through 14.

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
Annual Performance Objective	26.5	24.9	24.7	24.7	24
Annual Indicator	24.7	41.9	6.6	6.6	13.1
Numerator	4	7	1	1	2
Denominator	16,212	16,693	15,121	15,264	15,284

**Data Source**

Death certificates

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer  
 than 5 and therefore a 3-year moving average cannot be  
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Yes Yes Yes

Final

Final

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
Annual Performance Objective	24	24	23.5	23	20

**Annual Indicator****Numerator****Denominator**

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

1. **Section Number:** Form12\_Outcome Measure 6

**Field Name:** OM06

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Only 1 death children aged 1-14 years in 2007. Denominator revised from 17653 to 15264 to reflect the new population estimate based on the 2005 HIES.

2. **Section Number:** Form12\_Outcome Measure 6

**Field Name:** OM06

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Moving 3 year average less than 5 events therefore, cannot apply. Denominator revised from 17173 to 15121 to reflect the new population estimate and projection.

**STATE OUTCOME MEASURE # 1**

The fetal death rate per 1,000 live births.

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective					
Annual Indicator	11.8	9.8	10.5	13.7	4.7
Numerator	16	13	15	19	6
Denominator	1,353	1,332	1,422	1,385	1,266
Data Source					Vital Statistics Office
Is the Data Provisional or Final?				Provisional	Final
<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	4	4	3.8	3.8	3.8
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Form12\_State Outcome Measure 1**Field Name:** SO1**Row Name:****Column Name:****Year:** 2008**Field Note:**

6 fetal death in 2008.

**2. Section Number:** Form12\_State Outcome Measure 1**Field Name:** SO1**Row Name:****Column Name:****Year:** 2007**Field Note:**

19 fetal death in 2007; denominator is number of live birth

**3. Section Number:** Form12\_State Outcome Measure 1**Field Name:** SO1**Row Name:****Column Name:****Year:** 2006**Field Note:**

15 fetal death in 2006.

**FORM 13**  
**CHARACTERISTICS DOCUMENTING FAMILY PARTICIPATION IN CSHCN PROGRAMS**  
**STATE: MP**

1. Family members participate on advisory committee or task forces and are offering training, mentoring, and reimbursement, when appropriate.

2

2. Financial support (financial grants, technical assistance, travel, and child care) is offered for parent activities or parent groups.

2

3. Family members are involved in the Children with Special Health Care Needs elements of the MCH Block Grant Application process.

2

4. Family members are involved in service training of CSHCN staff and providers.

3

5. Family members hired as paid staff or consultants to the State CSHCN program (a family member is hired for his or her expertise as a family member).

3

6. Family members of diverse cultures are involved in all of the above activities.

2

**Total Score:** 14

**Rating Key**

0 = Not Met

1 = Partially Met

2 = Mostly Met

3 = Completely Met



## FORM NOTES FOR FORM 13

None

### FIELD LEVEL NOTES

1. **Section Number:** Form13\_Main  
**Field Name:** Question1  
**Row Name:** #1. Family members participate on advisory committee or task forces...  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
We have a CSHCN parent as a memeber of the MCH advisory committee. We provide transportation during training and we do provide for per diem for families from Rota and Tinian.
2. **Section Number:** Form13\_Main  
**Field Name:** Question2  
**Row Name:** #2. Financial support (...) is offered for parent activities or parent groups.  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Please note that we do provide funds to support parent activities. Although we do not pay for child care we do work with for example early childhood program staff to take care of the children when the parents are in training. For the family retreat for parents with children with hearing loss, we provided sign language interpreters to be part of the team that were taking care of the children.
3. **Section Number:** Form13\_Main  
**Field Name:** Question3  
**Row Name:** #3. Family members are involved in the Children with Special Health Care Needs...  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
We work with our partners to assist us with this activitiy.
4. **Section Number:** Form13\_Main  
**Field Name:** Question4  
**Row Name:** #4. Family members are involved in service training of CSHCN staff and providers.  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Our families have been involved with training of providers. The training on developmental disabilities included parents and providers and were instrumental in the discussions of case scenarios. Also, for training of developing service plans, we work with them.
5. **Section Number:** Form13\_Main  
**Field Name:** Question5  
**Row Name:** #5. Family members hired as paid staff or consultants to the State CSHCN program...  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
The CSHCN Coodinator is the legal guardian of a child with special health needs. We also have staff that have family members with a special need but not children. We contracted services of a parent with a child with autism to assist us with our autism campaign.
6. **Section Number:** Form13\_Main  
**Field Name:** Question6  
**Row Name:** #6. Family members of diverse cultures are involved in all of the above activities  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Although we are fortunate that family members are always willing to assist us with our activities, we do notice that there are other ethnic group that do not want to be involved with planning but they will attend either training or retreat. Please note that we do have staff that can speak languages such as Chamorro, Tagalog, Chinese, Carolinian, Palauan, etc.

**FORM 14**  
**LIST OF MCH PRIORITY NEEDS**

[Sec. 505(a)(5)]

**STATE: MP    FY: 2010**

Your State's 5-year Needs Assessment should identify the need for preventive and primary care services for pregnant women, mothers, and infants; preventive and primary care services for children and services for Children with Special Health Care Needs. With each year's Block Grant application, provide a list (whether or not the priority needs change) of the top maternal and child health needs in your state. Using simple sentence or phrase, list below your State's needs. Examples of such statements are: "To reduce the barriers to the delivery of care for pregnant women, " and "The infant mortality rate for minorities should be reduced."

MCHB will capture annually every State's top 7 to 10 priority needs in an information system for comparison, tracking, and reporting purposes; you must list at least 7 and no more than 10. Note that the numbers listed below are for computer tracking only and are not meant to indicate priority order. If your State wishes to report more than 10 priority needs, list additional priority needs in a note at the form level.

1.    To decrease the number of unplanned pregnancies.
2.    To increase the proportion of women aged 18 years and older who have ever received a pap smear.
3.    To increase the proportion of women aged 40 years and older who have ever received a mammogram.
4.    To increase the percentage of eligible infants with disabilities under the age of 1 that is receiving early intervention services.
5.    To decrease the rate of chlamydia for teenagers aged 13-19 years.
6.    To increase nutrition education activities to children aged 6 through 11 years old.
7.    To increase the percent of pregnant women who are screened for chlamydia.
- 8.
- 9.
- 10.

**FORM NOTES FOR FORM 14**

None

**FIELD LEVEL NOTES**

None

**FORM 15**  
**TECHNICAL ASSISTANCE(TA) REQUEST**

STATE: MP

APPLICATION YEAR: 2010

No.	Category of Technical Assistance Requested	Description of Technical Assistance Requested (max 250 characters)	Reason(s) Why Assistance Is Needed (max 250 characters)	What State, Organization or Individual Would You suggest Provide the TA (if known) (max 250 characters)
1.	<b>General Systems Capacity Issues</b> If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>N/A</u>	Assist with evaluation of Adolescent Health Services	To assure quality services for adolescents	Dr. Gwendolyn Adams
2.	<b>Data-related Issues - Needs Assessment</b> If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>N/A</u>	Data analysis and reporting	New staff or due to resignation, existing are being multi-tasked	MCH Program - University of Hawaii JABSOM
3.	<b>Data-related Issues - Performance Indicators</b> If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____	calculating some of the HSCI and HSI	For better data reporting	TA that is conducted after review
4.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
5.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
6.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
7.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
8.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
9.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
10.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this			

	issue pertains by entering the measure number here: _____			
11.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
12.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			

**FORM NOTES FOR FORM 15**

None

**FIELD LEVEL NOTES**

None

**FORM 16**  
**STATE PERFORMANCE AND OUTCOME MEASURE DETAIL SHEET**  
**STATE: MP**

SP # 1

**PERFORMANCE MEASURE:**

The percent of unplanned pregnancies of birth (per 1,000) for women aged 15-44 years

**STATUS:**

Active

**GOAL**

To decrease the number of unplanned pregnancies.

**DEFINITION**

**Numerator:**

Number of unplanned live births for women aged 15-44 years for that calendar year.

**Denominator:**

Number of live births plus number of unplanned pregnancies for women aged 15-44 years.

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

Related to objective 9-3

Increase the proportion of females at risk of unintended pregnancy (and their partners) who use contraception.

**DATA SOURCES AND DATA ISSUES**

Prenatal care forms and logbook from Labor and Delivery.

**SIGNIFICANCE**

Reducing unplanned pregnancies is possible and necessary. Unplanned pregnancy in the CNMI and the nation is serious, costly, and occurs frequently. Socially, the costs can be measured in unplanned births, reduced educational attainment and employment opportunity, greater welfare dependency, and increased potential for child abuse and neglect. Economically, health care costs are increased. An unplanned pregnancy, once it occurs, is expensive no matter what the outcome. Medically, unplanned pregnancies are serious in terms of the lost opportunity to prepare for an optimal pregnancy, the increased likelihood of infant and maternal illness, and the likelihood of abortion. The consequences of unplanned pregnancy are not confined to those occurring in teenagers or unmarried couples. In fact, unplanned pregnancy can carry serious consequences at all ages and life stages.

SP # 2

**PERFORMANCE MEASURE:**

Percent of women who have ever received a pap smear.

**STATUS:**

Active

**GOAL**

To increase the proportion of women aged 18 years and older who have ever received a pap smear.

**DEFINITION**

**Numerator:**

Number of women 18 years and older who received pap smear.

**Denominator:**

Number of women aged 18 years and older in the CNMI.

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

Objective 3-11a.

Women aged 18 years and older who have every received a Pap test (Baseline – 92 percent in 1998)

**DATA SOURCES AND DATA ISSUES**

BCSP Database and RPMS. Population records are available from the Census.

**SIGNIFICANCE**

A total of 550 cases of cancer were observed for the eleven-year period 1991 to 2001. For cancer cases, the most common cancers seen were similar to the leading causes of cancer death, including breast cancer (accounting for 16% of all cases), lung cancer (12%), cervical cancer (11%), cancers of unknown origin (10%), and head and neck cancers (7%). Of the 304 cases of cancer in females, 29% were breast cancer, 20% were cervical cancer, 8% were of unknown origin, 7% were uterine cancer, and 5% lung cancer. There were 15,543 women aged 25-60 years that were identified as not having had a pap smear for the past 4 years.



SP # 3

**PERFORMANCE MEASURE:**

Percent of women who have ever received a mammogram.

**STATUS:**

Active

**GOAL**

To increase the proportion of women aged 40 years and older who have ever received a mammogram.

**DEFINITION**

**Numerator:**

Number of women aged 40 years and older who received a mammogram.

**Denominator:**

Number of women aged 40 years and older in the CNMI.

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

Objective 3-13.

Increase the proportion of women aged 40 years and older who have received a mammogram within the preceding 2 years.  
(Baseline – 67 percent in 1998)

**DATA SOURCES AND DATA ISSUES**

BCSP Database and RPMS. Population records are available from the Census.

**SIGNIFICANCE**

A total of 550 cases of cancer were observed for the eleven-year period 1991 to 2001. For cancer cases, the most common cancers seen were similar to the leading causes of cancer death, including breast cancer (accounting for 16% of all cases), lung cancer (12%), cervical cancer (11%), cancers of unknown origin (10%), and head and neck cancers (7%). Of the 304 cases of cancer in females, 29% were breast cancer, 20% were cervical cancer, 8% were of unknown origin, 7% were uterine cancer, and 5% lung cancer.

SP # 4

**PERFORMANCE MEASURE:**

Percent of eligible infants with disabilities under the age of 1 year receiving early intervention services.

**STATUS:**

Active

**GOAL**

To increase the percentage of eligible infants with disabilities under the age of 1 year receiving early intervention services.

**DEFINITION**

**Numerator:**

Number of infants with disability under age of 1 year who received early intervention services.

**Denominator:**

Number of infants under age of 1 year.

**Units:** 1000 **Text:** Rate

**HEALTHY PEOPLE 2010 OBJECTIVE**

Related to 16-20c.

Ensure that infants with diagnosed disorders are enrolled in appropriate service interventions within an appropriate time period.

**DATA SOURCES AND DATA ISSUES**

C\*DAC records. Live births co-hort.

**SIGNIFICANCE**

The success of early intervention is very critical when it is started as soon as a child with special health needs is identified. The staff will work hard to increase the percentage of eligible infants with disabilities under the age of 1 receiving early intervention services.

SP # 5

**PERFORMANCE MEASURE:**

The rate of chlamydia for adolescents aged 13-19 years.

**STATUS:**

Active

**GOAL**

To decrease the rate of Chlamydia for adolescents aged 13-19 years.

**DEFINITION**

Describe how the value of the measure is determined from the data

**Numerator:**

Number of chlamydia cases among adolescents aged 13-19 years.

**Denominator:**

Total number of adolescents aged 13-19 years.

**Units:** 1000 **Text:** Rate

**HEALTHY PEOPLE 2010 OBJECTIVE**

25.1 Reduce the proportion of adolescents and young adults with Chlamydia trachomatis infections.

**DATA SOURCES AND DATA ISSUES**

Southern and Community Wellness Centers, Women's Clinic, Lab Unit, and STD/HIV Prevention Program.

**SIGNIFICANCE**

Per the YRBS results, CNMI high school adolescents exceeded US rates by almost ten percent in the use of mind-altering substances combined with sexual intercourse, a behavior most closely associated with unsafe, unprotected sexual activity. CNMI adolescents who are sexually active are less likely to use condoms during sexual intercourse. CNMI adolescents were more likely to be sexually active than their US counterparts. Chlamydia is the highest STI for adolescents in the CNMI.

SP # 6

**PERFORMANCE MEASURE:**

The degree to which State provides nutrition education information to children aged 6 through 11 years.

**STATUS:**

Active

**GOAL**

To provide nutrition information that children can use in practical situation.

**DEFINITION**

Percent of students in the State who receive nutrition education/information.

**Numerator:**

The total number of students for each school (both private and public) that receive nutrition education information.

**Denominator:**

The number of CNMI public and private school enrollment from first through sixth grade.

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

19-16 Increase the proportion of worksites that offer nutrition or weight management classes or coun

**DATA SOURCES AND DATA ISSUES**

Nutrition/Public Health Dietician monthly report, public and private elementary schools, DPH programs activities.

**SIGNIFICANCE**

Obesity, diabetes, hypertension, and atherosclerotic vascular disease are among the major health concerns facing the CNMI population. Habits related to diet and levels of physical activity combined are the greatest contributors in the CNMI. The formation of the School Nutrition and Physical Activity Program (SNAPP) was formed to ensure that nutrition education, food service, parent involvement, and physical education are addressed in the schools.

SP # 7

**PERFORMANCE MEASURE:**

The percent of pregnant women that are screened for chlamydia.

**STATUS:**

Active

**GOAL**

To increase the percent of pregnant women who are screened for Chlamydia.

**DEFINITION**

The percent of positive chlamydia cases in pregnant women.

**Numerator:**

The number of chlamydia cases in pregnant women

**Denominator:**

Total number of pregnant women

**Units:** 100    **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

CDC Program, prenatal log book, and MUMPS information system.

**SIGNIFICANCE**

95% of chlamydia cases are pregnant women. The significance of reducing the number of chlamydia in pregnant women is in the enhancement of a healthier pregnancy outcomes and early identification and treatment.

SO # 1

**OUTCOME MEASURE:**

The fetal death rate per 1,000 live births.

**STATUS:**

Active

**GOAL**

To reduce number of fetal deaths (stillbirths).

**DEFINITION**

Numerator: Number of deaths to infants: Denominator: Number of live births. Units: 1,000 Text: Rate per 1,000.

**Numerator:**

Number of fetal deaths (greater than 20 weeks gestation)

**Denominator:**

Total number of live births

**Units:** 1000 **Text:** Rate

**HEALTHY PEOPLE 2010 OBJECTIVE**

16-1 Reduce fetal and infant deaths

16-1a. Fetal deaths at 20 or more weeks of gestation.

16-1b. Fetal and infant deaths during perinatal period (28 weeks of gestation to 7 days or more after birth).

**DATA SOURCES AND DATA ISSUES**

Vital Statistics Office (fetal death certificates and database)

**SIGNIFICANCE**

The importance of ensuring that we are reaching high risk groups when program/projects are being implemented or evaluating those program/projects that are in existence depends on looking at outcome data.

## FORM NOTES FOR FORM 16

None

### FIELD LEVEL NOTES

1. **Section Number:** Form16\_State Performance Measure 2  
**Field Name:** SPM2  
**Row Name:**  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
The wordings will change to "Percent of women who receive pap test in the last year".
2. **Section Number:** Form16\_State Performance Measure 3  
**Field Name:** SPM3  
**Row Name:**  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
The wording is changed to "Percent of women who have receive a mammogram in the last year".
3. **Section Number:** Form16\_State Performance Measure 6  
**Field Name:** SPM6  
**Row Name:**  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
The wordings is changed to "The degree to which Division of Public Health Programs provide nutrition education information to children grades first to sixth".
4. **Section Number:** Form16\_State Performance Measure 7  
**Field Name:** SPM7  
**Row Name:**  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Numerator: Number of pregnant women screened for chlymadia.  
  
Denominator: Total number of deliveries.

**FORM 17**  
**HEALTH SYSTEMS CAPACITY INDICATORS**  
**FORMS FOR HSCI 01 THROUGH 04, 07 & 08 - MULTI-YEAR DATA**  
**STATE: MP**

**Form Level Notes for Form 17**

None

**HEALTH SYSTEMS CAPACITY MEASURE # 01**

The rate of children hospitalized for asthma (ICD-9 Codes: 493.0 -493.9) per 10,000 children less than five years of age.

	<u>Annual Indicator Data</u>				
	2004	2005	2006	2007	2008
Annual Indicator	91.0	184.7	198.7	83.5	296.9
Numerator	51	106	110	47	167
Denominator	5,606	5,738	5,536	5,627	5,624

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer  
 than 5 and therefore a 3-year moving average cannot be  
 applied.

*(Explain data in a year note. See Guidance, Appendix IX.)*

Is the Data Provisional or Final?

Provisional

Final

**Field Level Notes**

1. **Section Number:** Form17\_Health Systems Capacity Indicator #01

**Field Name:** HSC01

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

In 2008, 167 children 0-4yrs diagnosed with Asthma were hospitalized.

2. **Section Number:** Form17\_Health Systems Capacity Indicator #01

**Field Name:** HSC01

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

47 children aged 0-4 hospitalized for asthma. Denominator was revised to 5627.

3. **Section Number:** Form17\_Health Systems Capacity Indicator #01

**Field Name:** HSC01

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

110 less than 5 yrs hospitalized for asthma. Denominator revised from 5886 to 5536 to reflect the latest population estimate and projection.



**HEALTH SYSTEMS CAPACITY MEASURE # 02**

The percent Medicaid enrollees whose age is less than one year during the reporting year who received at least one initial periodic screen.

	<b>Annual Indicator Data</b>				
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	<u>36.1</u>	<u>24.4</u>	<u>37.0</u>	<u>43.3</u>	<u>32.5</u>
<b>Numerator</b>	<u>489</u>	<u>325</u>	<u>526</u>	<u>438</u>	<u>267</u>
<b>Denominator</b>	<u>1,353</u>	<u>1,332</u>	<u>1,422</u>	<u>1,012</u>	<u>821</u>

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

**Field Level Notes**

1. **Section Number:** Form17\_Health Systems Capacity Indicator #02

**Field Name:** HSC02

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

In 2008, 267 <1yr medicaid enrollees received at least one initial periodic screen at 6 six immunization screening. Enrollees pending immunization.

2. **Section Number:** Form17\_Health Systems Capacity Indicator #02

**Field Name:** HSC02

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

1012 medicaid enrollees less than 1 year old in 2007; 438 under medicaid had initial screen. Need to finalize figure.

3. **Section Number:** Form17\_Health Systems Capacity Indicator #02

**Field Name:** HSC02

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

526 medicaid enrollees aged less than 1 year received at least one initial periodic screen in 2006. Data derived from RPMS. Denominator revised from 1422 to 1129, medicaid enrollees in 2006

**HEALTH SYSTEMS CAPACITY MEASURE # 03**

The percent State Childrens Health Insurance Program (SCHIP) enrollees whose age is less than one year during the reporting year who received at least one periodic screen.

	<b>Annual Indicator Data</b>				
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	<u>36.1</u>	<u>24.4</u>	<u>46.6</u>	<u>43.3</u>	<u>32.5</u>
<b>Numerator</b>	<u>489</u>	<u>325</u>	<u>526</u>	<u>438</u>	<u>267</u>
<b>Denominator</b>	<u>1,353</u>	<u>1,332</u>	<u>1,129</u>	<u>1,012</u>	<u>821</u>

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

**Field Level Notes**

1. **Section Number:** Form17\_Health Systems Capacity Indicator #03

**Field Name:** HSC03

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Same as Medicaid. Actual figure pending immunization.

2. **Section Number:** Form17\_Health Systems Capacity Indicator #03

**Field Name:** HSC03

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

SCHIP same as medicaid.

3. **Section Number:** Form17\_Health Systems Capacity Indicator #03

**Field Name:** HSC03

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

SCHIP same as Medicaid.

**HEALTH SYSTEMS CAPACITY MEASURE # 04**

The percent of women (15 through 44) with a live birth during the reporting year whose observed to expected prenatal visits are greater than or equal to 80 percent on the Kotelchuck Index.

	<b>Annual Indicator Data</b>				
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	<u>18.2</u>	<u>24.2</u>	<u>32.8</u>	<u>43.5</u>	<u>18.8</u>
<b>Numerator</b>	<u>172</u>	<u>323</u>	<u>466</u>	<u>515</u>	<u>22</u>
<b>Denominator</b>	<u>943</u>	<u>1,332</u>	<u>1,422</u>	<u>1,183</u>	<u>117</u>

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

**Field Level Notes**

1. **Section Number:** Form17\_Health Systems Capacity Indicator #04

**Field Name:** HSC04

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

The data reported is from a face-to-face interview with 135 patients after delivery.

2. **Section Number:** Form17\_Health Systems Capacity Indicator #04

**Field Name:** HSC04

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Beginning with the 2007 annual report, the Pacific Basin Jurisdictions may have changed to the World Health Organization (WHO) standard rather than the Kotelchuck Index to report indicator data for HSC04. The WHO standard recommends as essential that pregnant women make four prenatal care visits.

1183 qualified pregnant women to determine kotelchuck index. 515 had adequate prenatal care checkup.

3. **Section Number:** Form17\_Health Systems Capacity Indicator #04

**Field Name:** HSC04

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

499 women were in the kotelchuck index and 156 were at 80 and above percentile kotelchuck index. 446 is the representation of the 1422 pregnant women

**HEALTH SYSTEMS CAPACITY MEASURE # 07A**

Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.

	2004	2005	<b>Annual Indicator Data</b>		
			2006	2007	2008
Annual Indicator	31.9	26.1	32.6	27.4	29.2
Numerator	6,673	6,313	7,261	6,113	6,550
Denominator	20,934	24,150	22,248	22,319	22,409

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

**Field Level Notes**

- 1.
- Section Number:**
- Form17\_Health Systems Capacity Indicator #07A

**Field Name:** HSC07A**Row Name:****Column Name:****Year:** 2008**Field Note:**

In 2008, 6550 1-21yrs old received service paid by Medicaid program.

- 2.
- Section Number:**
- Form17\_Health Systems Capacity Indicator #07A

**Field Name:** HSC07A**Row Name:****Column Name:****Year:** 2007**Field Note:**

6,113 children 1-21 yrs received service paid by Medicaid Program. Data derived from RPMS. Denominator revised from 25466 to 22319.

- 3.
- Section Number:**
- Form17\_Health Systems Capacity Indicator #07A

**Field Name:** HSC07A**Row Name:****Column Name:****Year:** 2006**Field Note:**

Medicaid enrollees 1-21 yrs received service paid by Medicaid Program. Data derived from RPMS. Denominator revised to reflect children 1-21 year old in state, from 24808 to 22248.

**HEALTH SYSTEMS CAPACITY MEASURE # 07B**

The percent of EPSDT eligible children aged 6 through 9 years who have received any dental services during the year.

	2004	2005	<b>Annual Indicator Data</b>		2008
			2006	2007	
<b>Annual Indicator</b>	17.3	23.9	24.9	27.8	22.8
<b>Numerator</b>	889	1,267	1,035	1,165	967
<b>Denominator</b>	5,124	5,307	4,164	4,186	4,238

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

**Field Level Notes**

**1. Section Number:** Form17\_Health Systems Capacity Indicator #07B

**Field Name:** HSC07B

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

In 2008, 967 medicaid enrollees received dental services.

**2. Section Number:** Form17\_Health Systems Capacity Indicator #07B

**Field Name:** HSC07B

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

1,165 children 6-9 years received dental services in 2007. Data derived from RPMS. Denominator revised from 5671 to 4186.

**3. Section Number:** Form17\_Health Systems Capacity Indicator #07B

**Field Name:** HSC07B

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

1,035 EPST aged 6-9 yrs received dental services in 2006. Denominator revised from 5489 to 4164 to reflect latest population in state.

**HEALTH SYSTEMS CAPACITY MEASURE # 08**

The percent of State SSI beneficiaries less than 16 years old receiving rehabilitative services from the State Children with Special Health Care Needs (CSHCN) Program.

	<b>Annual Indicator Data</b>				
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	<u>45.4</u>	<u>45.4</u>	<u>89.7</u>	<u>94.0</u>	<u>95.2</u>
<b>Numerator</b>	<u>147</u>	<u>147</u>	<u>209</u>	<u>221</u>	<u>239</u>
<b>Denominator</b>	<u>324</u>	<u>324</u>	<u>233</u>	<u>235</u>	<u>251</u>

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

**Field Level Notes**

1. **Section Number:** Form17\_Health Systems Capacity Indicator #08

**Field Name:** HSC08

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

239 <16yrs old SSI beneficiaries received services.

2. **Section Number:** Form17\_Health Systems Capacity Indicator #08

**Field Name:** HSC08

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Children 16 and less receiving SSI

3. **Section Number:** Form17\_Health Systems Capacity Indicator #08

**Field Name:** HSC08

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

209 < 16yrs received SSI payments in 2006. 233 beneficiaries in 2006.

**FORM 18**  
**HEALTH SYSTEMS CAPACITY INDICATOR #05**  
**(MEDICAID AND NON-MEDICAID COMPARISON)**  
**STATE: MP**

INDICATOR #05 <i>Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State</i>	YEAR	DATA SOURCE	POPULATION		
			MEDICAID	NON-MEDICAID	ALL
a) <i>Percent of low birth weight (&lt; 2,500 grams)</i>	2008	Payment source from birth certificate	<u>20.3</u>	<u>60.8</u>	<u>5.8</u>
b) <i>Infant deaths per 1,000 live births</i>	2008	Payment source from birth certificate	<u>0</u>	<u>0</u>	<u>3.9</u>
c) <i>Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester</i>	2008	Payment source from birth certificate	<u>31.5</u>	<u>58.4</u>	<u>17.3</u>
d) <i>Percent of pregnant women with adequate prenatal care(observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index])</i>	2008	Matching data files	<u>          </u>	<u>          </u>	<u>          </u>

**FORM 18**  
**HEALTH SYSTEMS CAPACITY INDICATOR #06(MEDICAID ELIGIBILITY LEVEL)**  
**STATE: MP**

<b>INDICATOR #06</b> <i>The percent of poverty level for eligibility in the State's Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.</i>	<b>YEAR</b>	<b>PERCENT OF POVERTY LEVEL MEDICAID</b> (Valid range: 100-300 percent)
a) <i>Infants (0 to 1)</i>	2008	<u>150</u>
b) <i>Medicaid Children</i> (Age range <u>1</u> to <u>4</u> ) (Age range <u>5</u> to <u>10</u> ) (Age range <u>11</u> to <u>18</u> )	2008	<u>150</u> <u>150</u> <u>150</u>
c) <i>Pregnant Women</i>	2008	<u>150</u>

**FORM 18**  
**HEALTH SYSTEMS CAPACITY INDICATOR #06(SCHIP ELIGIBILITY LEVEL)**  
**STATE: MP**

<b>INDICATOR #06</b> <i>The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, SCHIP and pregnant women.</i>	<b>YEAR</b>	<b>PERCENT OF POVERTY LEVEL SCHIP</b>
a) <i>Infants (0 to 1)</i>	2008	<u>150</u>
b) <i>Medicaid Children</i> (Age range <u>1</u> to <u>4</u> ) (Age range <u>5</u> to <u>10</u> ) (Age range <u>11</u> to <u>18</u> )	2008	<u>150</u> <u>150</u> <u>150</u>
c) <i>Pregnant Women</i>	2008	<u>150</u>



## FORM NOTES FOR FORM 18

None

### FIELD LEVEL NOTES

1. **Section Number:** Form18\_Indicator 05  
**Field Name:** LowBirthWeight  
**Row Name:** Percent of ow birth weight (<2,500 grams)  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
20 percent under medicaid; 60 percent non-medicaid; 6 percent low birth weight of total birth.
2. **Section Number:** Form18\_Indicator 05  
**Field Name:** InfantDeath  
**Row Name:** Infant deaths per 1,000 live births  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
infant death 5; medicaid 0; non-meidicaid 5; total death 179 for 2008.
3. **Section Number:** Form18\_Indicator 05  
**Field Name:** CareFirstTrimester  
**Row Name:** Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
1st trimester=211; 67 medicaid; 144 non-medicaid; 211 of 1266
4. **Section Number:** Form18\_Indicator 05  
**Field Name:** AdequateCare  
**Row Name:** Percent of pregnant women with adequate prenatal care  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Carry over data from the previous year pending kotelchuck report.  
Medicaid=31.7;

**FORM 19**  
**HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM**  
**STATE: MP**

**HEALTH SYSTEMS CAPACITY INDICATOR #09A (General MCH Data Capacity)**  
*(The Ability of the State to Assure MCH Program Access to Policy and Program Relevant Information)*

DATABASES OR SURVEYS	Does your MCH program have the ability to obtain data for program planning or policy purposes in a timely manner? (Select 1 - 3) *	Does your MCH program have Direct access to the electronic database for analysis? (Select Y/N)
<b>ANNUAL DATA LINKAGES</b>		
Annual linkage of infant birth and infant death certificates	3	Yes
Annual linkage of birth certificates and Medicaid Eligibility or Paid Claims Files	2	No
Annual linkage of birth certificates and WIC eligibility files	3	No
Annual linkage of birth certificates and newborn screening files	3	Yes
<b>REGISTRIES AND SURVEYS</b>		
Hospital discharge survey for at least 90% of in-State discharges	1	No
Annual birth defects surveillance system	1	No
Survey of recent mothers at least every two years (like PRAMS)	2	Yes

\*Where:  
1 = No, the MCH agency does not have this ability.  
2 = Yes, the MCH agency sometimes has this ability, but not on a consistent basis.  
3 = Yes, the MCH agency always has this ability.

**FORM 19**  
**HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM**  
**STATE: MP**

DATA SOURCES	Does your state participate in the YRBS survey? (Select 1 - 3)*	Does your MCH program have direct access to the state YRBS database for analysis? (Select Y/N)
Youth Risk Behavior Survey (YRBS)	3	Yes
Other:		

\*Where:  
1 = No  
2 = Yes, the State participates but the sample size is not large enough for valid statewide estimates for this age group.  
3 = Yes, the State participates and the sample size is large enough for valid statewide estimates for this age group.

<b>Notes:</b>
1. HEALTH SYSTEMS CAPACITY INDICATOR #09B was formerly reported as Developmental Health Status Indicator #05.

**FORM NOTES FOR FORM 19**

None

**FIELD LEVEL NOTES**

None

**FORM 20**  
**HEALTH STATUS INDICATORS #01-#05**  
**MULTI-YEAR DATA**  
**STATE: MP**

**Form Level Notes for Form 11**

None

**HEALTH STATUS INDICATOR MEASURE # 01A**

The percent of live births weighing less than 2,500 grams.

	<u>Annual Indicator Data</u>				
	2004	2005	2006	2007	2008
Annual Indicator	6.8	7.4	8.0	5.8	5.8
Numerator	92	99	114	80	74
Denominator	1,353	1,332	1,422	1,385	1,266

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer  
 than 5 and therefore a 3-year moving average cannot be  
 applied.

*(Explain data in a year note. See Guidance, Appendix IX.)*

Is the Data Provisional or Final?

Final

Final

**Field Level Notes**

- Section Number:** Form20\_Health Status Indicator #01A  
**Field Name:** HSI01A  
**Row Name:**  
**Column Name:**  
**Year:** 2008  
**Field Note:**  
 77 low birth weight in 2008 with 1266 live birth.
- Section Number:** Form20\_Health Status Indicator #01A  
**Field Name:** HSI01A  
**Row Name:**  
**Column Name:**  
**Year:** 2007  
**Field Note:**  
 80 low birth weight in 2007.
- Section Number:** Form20\_Health Status Indicator #01A  
**Field Name:** HSI01A  
**Row Name:**  
**Column Name:**  
**Year:** 2006  
**Field Note:**  
 114 live births less than 2500 grams in 2006.

**HEALTH STATUS INDICATOR MEASURE # 01B**

The percent of live singleton births weighing less than 2,500 grams.

		<b>Annual Indicator Data</b>			
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	<u>6.2</u>	<u>6.5</u>	<u>7.0</u>	<u>5.3</u>	<u>4.0</u>
<b>Numerator</b>	<u>84</u>	<u>87</u>	<u>100</u>	<u>73</u>	<u>50</u>
<b>Denominator</b>	<u>1,353</u>	<u>1,332</u>	<u>1,422</u>	<u>1,385</u>	<u>1,242</u>
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
<b>Is the Data Provisional or Final?</b>				Final	Final

**Field Level Notes****1. Section Number:** Form20\_Health Status Indicator #01B**Field Name:** HSI01B**Row Name:****Column Name:****Year:** 2008**Field Note:**

Twenty (20) were preterm at &lt;37 gestational age. There were 12 sets of twins - the most we have had in the CNMI.

**2. Section Number:** Form20\_Health Status Indicator #01B**Field Name:** HSI01B**Row Name:****Column Name:****Year:** 2007**Field Note:**

73 singleton births less than 2,500 grams in 2007

**3. Section Number:** Form20\_Health Status Indicator #01B**Field Name:** HSI01B**Row Name:****Column Name:****Year:** 2006**Field Note:**

There were 100 singleton live births less than 2500 grams in 2006.

**HEALTH STATUS INDICATOR MEASURE # 02A**

The percent of live births weighing less than 1,500 grams.

		<b>Annual Indicator Data</b>			
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	<u>0.7</u>	<u>1.0</u>	<u>1.1</u>	<u>0.5</u>	<u>0.2</u>
<b>Numerator</b>	<u>10</u>	<u>13</u>	<u>15</u>	<u>7</u>	<u>3</u>
<b>Denominator</b>	<u>1,353</u>	<u>1,332</u>	<u>1,422</u>	<u>1,385</u>	<u>1,266</u>
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
<b>Is the Data Provisional or Final?</b>				Final	Final

**Field Level Notes****1. Section Number:** Form20\_Health Status Indicator #02A**Field Name:** HSI02A**Row Name:****Column Name:****Year:** 2008**Field Note:**

3 very low birth weight &lt;1500g. 2 out of 3 were preterm less than 37 gestational age.

**2. Section Number:** Form20\_Health Status Indicator #02A**Field Name:** HSI02A**Row Name:****Column Name:****Year:** 2007**Field Note:**

7 Very low birth weight in 2007

**3. Section Number:** Form20\_Health Status Indicator #02A**Field Name:** HSI02A**Row Name:****Column Name:****Year:** 2006**Field Note:**

15 live births less than 1500 grams in 2006.

**HEALTH STATUS INDICATOR MEASURE # 02B**

The percent of live singleton births weighing less than 1,500 grams.

		<b>Annual Indicator Data</b>			
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	<u>0.7</u>	<u>0.8</u>	<u>0.9</u>	<u>0.5</u>	<u>0.2</u>
<b>Numerator</b>	<u>9</u>	<u>11</u>	<u>13</u>	<u>7</u>	<u>3</u>
<b>Denominator</b>	<u>1,353</u>	<u>1,332</u>	<u>1,422</u>	<u>1,385</u>	<u>1,266</u>
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
<b>Is the Data Provisional or Final?</b>				Final	Final

**Field Level Notes**

- Section Number:** Form20\_Health Status Indicator #02B  
**Field Name:** HSI02B  
**Row Name:**  
**Column Name:**  
**Year:** 2008  
**Field Note:**  
 3 singleton very low birth weight <1500g; 2 preterm births.
- Section Number:** Form20\_Health Status Indicator #02B  
**Field Name:** HSI02B  
**Row Name:**  
**Column Name:**  
**Year:** 2007  
**Field Note:**  
 7 singleton very low birth weight
- Section Number:** Form20\_Health Status Indicator #02B  
**Field Name:** HSI02B  
**Row Name:**  
**Column Name:**  
**Year:** 2006  
**Field Note:**  
 13 singleton live births less than 1500 grams in 2006.



**HEALTH STATUS INDICATOR MEASURE # 03A**

The death rate per 100,000 due to unintentional injuries among children aged 14 years and younger.

	2004	2005	<b>Annual Indicator Data</b>		2008
<b>Annual Indicator</b>	<u>6.3</u>	<u>18.8</u>	<u>0.0</u>	<u>0.0</u>	<u>18.3</u>
<b>Numerator</b>	<u>1</u>	<u>3</u>	<u>0</u>	<u>0</u>	<u>3</u>
<b>Denominator</b>	<u>15,911</u>	<u>15,978</u>	<u>16,395</u>	<u>16,443</u>	<u>16,372</u>

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Yes Yes Yes

Final

Final

**Field Level Notes**

**1. Section Number:** Form20\_Health Status Indicator #03A

**Field Name:** HSI03A

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Three 0-14 yrs old unintentional injury mortality in 2008. One due to drowning, 1 due to MVA, and one due to seizure disorder.

**2. Section Number:** Form20\_Health Status Indicator #03A

**Field Name:** HSI03A

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Zero death unintentional injuries in 2007. Denominator revised.

**3. Section Number:** Form20\_Health Status Indicator #03A

**Field Name:** HSI03A

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

3 yr average fewer than 5 events therefore, 3 yr moving average cannot be applied. Denominator revised from 15973 to 16395.

**HEALTH STATUS INDICATOR MEASURE # 03B**

The death rate per 100,000 for unintentional injuries among children aged 14 years and younger due to motor vehicle crashes.

	2004	2005	<b>Annual Indicator Data</b>		
			2006	2007	2008
Annual Indicator	0.0	12.5	0.0	0.0	6.1
Numerator	0	2	0	0	1
Denominator	15,911	15,978	16,395	16,443	16,372

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Yes Yes Yes

Final

**Field Level Notes****1. Section Number:** Form20\_Health Status Indicator #03B

**Field Name:** HSI03B

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

1 MVA death in 2008.

**2. Section Number:** Form20\_Health Status Indicator #03B

**Field Name:** HSI03B

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

No MVA fatality for 14yrs and younger in 2007

**3. Section Number:** Form20\_Health Status Indicator #03B

**Field Name:** HSI03B

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

3 yr average fewer than 5 events, therefore 3 yr moving average cannot be applied.

**HEALTH STATUS INDICATOR MEASURE # 03C**

The death rate per 100,000 from unintentional injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	<b>Annual Indicator Data</b>				
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	<u>31.1</u>	<u>7.6</u>	<u>9.2</u>	<u>19.0</u>	<u>9.7</u>
<b>Numerator</b>	<u>4</u>	<u>1</u>	<u>1</u>	<u>2</u>	<u>1</u>
<b>Denominator</b>	<u>12,859</u>	<u>13,123</u>	<u>10,838</u>	<u>10,516</u>	<u>10,271</u>

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and

2. The average number of events over the last 3 years is fewer

than 5 and therefore a 3-year moving average cannot be

applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Yes Yes Yes

Final

Final

**Field Level Notes**

- Section Number:** Form20\_Health Status Indicator #03C

**Field Name:** HSI03C

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

1 MVA death 15-24yrs old in 2008.

- Section Number:** Form20\_Health Status Indicator #03C

**Field Name:** HSI03C

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

There were only 2 MVA mortality aged 15-25 years in 2007. Denominator revised from 14111 to 10516 to reflect the latest population.

- Section Number:** Form20\_Health Status Indicator #03C

**Field Name:** HSI03C

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Average fewer than 5 events therefore a 3 yr moving average cannot be applied. Denominator revised from 13558 to 10838 to reflect the latest population estimate and projection.

**HEALTH STATUS INDICATOR MEASURE # 04A**

The rate per 100,000 of all nonfatal injuries among children aged 14 years and younger.

	2004	2005	<b>Annual Indicator Data</b>		2008
			2006	2007	
<b>Annual Indicator</b>	8,396.7	7,597.9	6,770.4	2,882.7	2,504.3
<b>Numerator</b>	1,336	1,214	1,110	474	410
<b>Denominator</b>	15,911	15,978	16,395	16,443	16,372

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

**Field Level Notes****1. Section Number:** Form20\_Health Status Indicator #04A

**Field Name:** HSI04A

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

The top 3 nonfatal injuries are:

- 1) Accidental falls
- 2) stings/bites
- 3) cut piercing object

These numbers are from ER visits.

**2. Section Number:** Form20\_Health Status Indicator #04A

**Field Name:** HSI04A

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Number of children age 14 years and younger unintentional injuries was 681 in 2007

**3. Section Number:** Form20\_Health Status Indicator #04A

**Field Name:** HSI04A

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

There were 1,110 non-fatal injuries aged 14 yrs and younger in 2006.

**HEALTH STATUS INDICATOR MEASURE # 04B**

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among children aged 14 years and younger.

	<b>Annual Indicator Data</b>				
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	<u>264.0</u>	<u>206.5</u>	<u>206.6</u>	<u>150.3</u>	<u>61.1</u>
<b>Numerator</b>	<u>42</u>	<u>33</u>	<u>33</u>	<u>24</u>	<u>10</u>
<b>Denominator</b>	<u>15,911</u>	<u>15,978</u>	<u>15,973</u>	<u>15,966</u>	<u>16,372</u>

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

**Field Level Notes****1. Section Number:** Form20\_Health Status Indicator #04B

**Field Name:** HSI04B

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

The numbers are from ER visits.

**2. Section Number:** Form20\_Health Status Indicator #04B

**Field Name:** HSI04B

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

There were 24 children 14 years and younger in non-fatal MVA in 2007.

**3. Section Number:** Form20\_Health Status Indicator #04B

**Field Name:** HSI04B

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

There were 33 non-fatal motor vehicle injuries in 2006 for children age 14 yrs and less.

**HEALTH STATUS INDICATOR MEASURE # 04C**

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	<b>Annual Indicator Data</b>				
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	<u>1,065.4</u>	<u>866.1</u>	<u>599.7</u>	<u>351.8</u>	<u>311.6</u>
<b>Numerator</b>	<u>137</u>	<u>105</u>	<u>65</u>	<u>37</u>	<u>32</u>
<b>Denominator</b>	<u>12,859</u>	<u>12,123</u>	<u>10,838</u>	<u>10,516</u>	<u>10,271</u>

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

**Field Level Notes**

**1. Section Number:** Form20\_Health Status Indicator #04C

**Field Name:** HSI04C

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

32 15-24yrs old nonfatal MVA injuries in 2008.

**2. Section Number:** Form20\_Health Status Indicator #04C

**Field Name:** HSI04C

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

37 non-fatal MVA injuries among 15-24 years old in 2007. Denominator revised from 14111 to 10516 to reflect the latest population.

**3. Section Number:** Form20\_Health Status Indicator #04C

**Field Name:** HSI04C

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

There were 65 non-fatal motor vehicle injuries among 15-24 yrs youth in 2006. Denominator revised.

**HEALTH STATUS INDICATOR MEASURE # 05A**

The rate per 1,000 women aged 15 through 19 years with a reported case of chlamydia.

	<b>Annual Indicator Data</b>				
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	<u>15.7</u>	<u>22.9</u>	<u>20.3</u>	<u>11.9</u>	<u>8.6</u>
<b>Numerator</b>	<u>46</u>	<u>58</u>	<u>52</u>	<u>30</u>	<u>22</u>
<b>Denominator</b>	<u>2,926</u>	<u>2,529</u>	<u>2,567</u>	<u>2,517</u>	<u>2,544</u>

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

**Field Level Notes****1. Section Number:** Form20\_Health Status Indicator #05A

**Field Name:** HSI05A

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

22 cases of chlamydia 15-19 yrs olds in 2008.

**2. Section Number:** Form20\_Health Status Indicator #05A

**Field Name:** HSI05A

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

30 15-19 women positive chlamydia. Denominator revised from 2658 to 2517 to reflect the latest population.

**3. Section Number:** Form20\_Health Status Indicator #05A

**Field Name:** HSI05A

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

There were 52 women 15-19 yrs reported. Denominator revised to reflect the latest population.

**HEALTH STATUS INDICATOR MEASURE # 05B**

The rate per 1,000 women aged 20 through 44 years with a reported case of chlamydia.

	2004	2005	<b>Annual Indicator Data</b>		2008
			2006	2007	
Annual Indicator	4.3	4.4	3.7	5.5	2.1
Numerator	122	128	66	89	32
Denominator	28,186	29,226	17,696	16,320	14,888

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

**Field Level Notes**

**1. Section Number:** Form20\_Health Status Indicator #05B

**Field Name:** HSI05B

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

32 women with chlamydia aged 20-44yrs old in 2008.

**2. Section Number:** Form20\_Health Status Indicator #05B

**Field Name:** HSI05B

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

89 women 20-44 yrs positive chlamydia. Denominator revised to reflect the latest population.

**3. Section Number:** Form20\_Health Status Indicator #05B

**Field Name:** HSI05B

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

There were 66 women aged 20-44 yrs reported chlamydia. 17,696 ages 20-44 women in state.



**FORM 21**  
**HEALTH STATUS INDICATORS**  
**DEMOGRAPHIC DATA**  
**STATE: MP**

**HSI #06A - Demographics (Total Population)** *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and race. (Demographics)*

For both parts A and B: Reporting Year: 2008 Is this data from a State Projection? No Is this data final or provisional? Provisional

CATEGORY TOTAL POPULATION BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	0	0	0	0	0	0	0	0
Children 1 through 4	5,335	110	0	0	1,919	2,315	991	0
Children 5 through 9	5,243	9	0	0	1,580	2,540	1,114	0
Children 10 through 14	5,621	9	0	0	1,461	2,975	1,176	0
Children 15 through 19	4,972	33	0	0	1,072	2,989	878	0
Children 20 through 24	6,261	68	0	0	4,147	1,647	396	3
Children 0 through 24	27,432	229	0	0	10,179	12,466	4,555	3

**HSI #06B - Demographics (Total Population)** *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and ethnicity. (Demographics)*

CATEGORY TOTAL POPULATION BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Infants 0 to 1	0	0	0
Children 1 through 4	5,335	0	0
Children 5 through 9	5,243	0	0
Children 10 through 14	5,621	0	0
Children 15 through 19	4,972	0	0
Children 20 through 24	6,261	0	3
Children 0 through 24	27,432	0	3

**FORM 21**  
**HEALTH STATUS INDICATORS**  
**DEMOGRAPHIC DATA**  
**STATE: MP**

**HSI #07A - Demographics (Total live births)** *Live births to women (of all ages) enumerated by maternal age and race. (Demographics)*

For both parts A and B: Reporting Year: 2008    Is this data from a State Projection? No    Is this data final or provisional? Final

<b>CATEGORY TOTAL LIVE BIRTHS BY RACE</b>	<b>Total All Races</b>	<b>White</b>	<b>Black or African American</b>	<b>American Indian or Native Alaskan</b>	<b>Asian</b>	<b>Native Hawaiian or Other Pacific Islander</b>	<b>More than one race reported</b>	<b>Other and Unknown</b>
Women < 15	1	0	0	0	0	1	0	0
Women 15 through 17	32	0	0	0	7	25	0	0
Women 18 through 19	63	0	0	0	10	50	3	0
Women 20 through 34	919	2	0	0	524	387	6	0
Women 35 or older	251	2	0	0	202	47	0	0
Women of all ages	1,266	4	0	0	743	510	9	0

**HSI #07B - Demographics (Total live births)** *Live births to women (of all ages) enumerated by maternal age and ethnicity. (Demographics)*

<b>CATEGORY TOTAL LIVE BIRTHS BY HISPANIC ETHNICITY</b>	<b>Total NOT Hispanic or Latino</b>	<b>Total Hispanic or Latino</b>	<b>Ethnicity Not Reported</b>
Women < 15	1	0	0
Women 15 through 17	32	0	0
Women 18 through 19	63	0	0
Women 20 through 34	919	0	0
Women 35 or older	251	0	0
Women of all ages	1,266	0	0

**FORM 21**  
**HEALTH STATUS INDICATORS**  
**DEMOGRAPHIC DATA**  
**STATE: MP**

**HSI #08A - Demographics (Total deaths)** Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and race. (Demographics)

For both parts A and B: Reporting Year: 2008    Is this data from a State Projection? No    Is this data final or provisional? Final

<b>CATEGORY TOTAL DEATHS BY RACE</b>	<b>Total All Races</b>	<b>White</b>	<b>Black or African American</b>	<b>American Indian or Native Alaskan</b>	<b>Asian</b>	<b>Native Hawaiian or Other Pacific Islander</b>	<b>More than one race reported</b>	<b>Other and Unknown</b>
Infants 0 to 1	5	0	0	0	2	3	0	0
Children 1 through 4	1	0	0	0	0	1	0	0
Children 5 through 9	0	0	0	0	0	0	0	0
Children 10 through 14	2	0	0	0	0	2	0	0
Children 15 through 19	2	0	0	0	0	2	0	0
Children 20 through 24	2	0	0	0	1	1	0	0
Children 0 through 24	12	0	0	0	3	9	0	0

**HSI #08B - Demographics (Total deaths)** Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and ethnicity. (Demographics)

<b>CATEGORY TOTAL DEATHS BY HISPANIC ETHNICITY</b>	<b>Total NOT Hispanic or Latino</b>	<b>Total Hispanic or Latino</b>	<b>Ethnicity Not Reported</b>
Infants 0 to 1	5	0	0
Children 1 through 4	1	0	0
Children 5 through 9	0	0	0
Children 10 through 14	2	0	0
Children 15 through 19	2	0	0
Children 20 through 24	2	0	0
Children 0 through 24	12	0	0

**FORM 21**  
**HEALTH STATUS INDICATORS**  
**DEMOGRAPHIC DATA**  
**STATE: MP**

**HSI #09A - Demographics (Miscellaneous Data)** *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by race. (Demographics)*

Is this data final or provisional? Final

<b>CATEGORY Miscellaneous Data BY RACE</b>	<b>Total All Races</b>	<b>White</b>	<b>Black or African American</b>	<b>American Indian or Native Alaskan</b>	<b>Asian</b>	<b>Native Hawaiian or Other Pacific Islander</b>	<b>More than one race reported</b>	<b>Other and Unknown</b>	<b>Specific Reporting Year</b>
All children 0 through 19	21,171	161	0	0	6,032	10,819	4,159	0	2008
Percent in household headed by single parent	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2008
Percent in TANF (Grant) families	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2008
Number enrolled in Medicaid	2,309	6	0	0	1,478	825	0	0	2008
Number enrolled in SCHIP	2,309	6	0	0	1,478	825	0	0	2008
Number living in foster home care	15	0	0	0	0	9	6	0	2008
Number enrolled in food stamp program	6,669	26	0	0	1,668	4,975	0	0	2008
Number enrolled in WIC	0	0	0	0	0	0	0	0	2008
Rate (per 100,000) of juvenile crime arrests	946.8	0.0	0.0	0.0	73.9	766.7	101.6	4.6	2008
Percentage of high school drop-outs (grade 9 through 12)	3.6	0.0	0.0	0.0	11.5	78.1	0.0	10.5	2008

**HSI #09B - Demographics (Miscellaneous Data)** *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by ethnicity. (Demographics)*

<b>CATEGORY Miscellaneous Data BY HISPANIC ETHNICITY</b>	<b>Total NOT Hispanic or Latino</b>	<b>Total Hispanic or Latino</b>	<b>Ethnicity Not Reported</b>	<b>Specific Reporting Year</b>
All children 0 through 19	21,171	0	0	2008
Percent in household headed by single parent	0.0	0.0	0.0	2008
Percent in TANF (Grant) families	0.0	0.0	0.0	2008
Number enrolled in Medicaid	2,309	0	0	2008
Number enrolled in SCHIP	2,309	0	0	2008
Number living in foster home care	15	0	0	2008
Number enrolled in food stamp program	6,669	0	0	2008
Number enrolled in WIC	0	0	0	2008
Rate (per 100,000) of juvenile crime arrests	946.8	0.0	4.6	2008
Percentage of high school drop-outs (grade 9 through 12)	3.6	0.0	10.5	2008

**FORM 21**  
**HEALTH STATUS INDICATORS**  
**DEMOGRAPHIC DATA**  
**STATE: MP**

**HSI #10 - Demographics (Geographic Living Area)** *Geographic living area for all resident children aged 0 through 19 years old. (Demographics)*

Reporting Year: 2008 Is this data from a State Projection? Yes Is this data final or provisional? Provisional

GEOGRAPHIC LIVING AREAS	TOTAL
Living in metropolitan areas	0
Living in urban areas	21,171
Living in rural areas	0
Living in frontier areas	0
<b>Total - all children 0 through 19</b>	<b>21,171</b>

**Note:**

The Total will be determined by adding reported numbers for urban, rural and frontier areas.

**FORM 21**  
**HEALTH STATUS INDICATORS**  
**DEMOGRAPHIC DATA**  
**STATE: MP**

**HSI #11 - Demographics (Poverty Levels)** *Percent of the State population at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2008 Is this data from a State Projection? Yes Is this data final or provisional? Final

POVERTY LEVELS	TOTAL
Total Population	55,179.0
Percent Below: 50% of poverty	22.1
100% of poverty	62.5
200% of poverty	77.7

**FORM 21**  
**HEALTH STATUS INDICATORS**  
**DEMOGRAPHIC DATA**  
**STATE: MP**

**HSI #12 - Demographics (Poverty Levels)** *Percent of the State population aged 0 through 19 at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2008 Is this data from a State Projection? No Is this data final or provisional? Provisional

POVERTY LEVELS	TOTAL
Children 0 through 19 years old	17,638.0
Percent Below: 50% of poverty	35.0
100% of poverty	0.0
200% of poverty	0.0

## FORM NOTES FOR FORM 21

None

### FIELD LEVEL NOTES

1. **Section Number:** Form21\_Indicator 06A  
**Field Name:** S06\_Race\_Infants  
**Row Name:** Infants 0 to 1  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Less than 1yr old is not shown. Combined with Less than 5 yr olds. The figures derived from the 2005 HIES.
2. **Section Number:** Form21\_Indicator 06B  
**Field Name:** S06\_Ethnicity\_Infants  
**Row Name:** Infants 0 to 1  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Less than 1 yr old not available. Population combined with Less than 5 yr olds. Source: 2005 HIES.
3. **Section Number:** Form21\_Indicator 07A  
**Field Name:** Race\_Women15  
**Row Name:** Women < 15  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Source: Live birth registration
4. **Section Number:** Form21\_Indicator 07B  
**Field Name:** Ethnicity\_Women15  
**Row Name:** Women < 15  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
No hispanic women give birth in 2008.
5. **Section Number:** Form21\_Indicator 08A  
**Field Name:** S08\_Race\_Infants  
**Row Name:** Infants 0 to 1  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Source: Death registry.
6. **Section Number:** Form21\_Indicator 08B  
**Field Name:** S08\_Ethnicity\_Infants  
**Row Name:** Infants 0 to 1  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
No hispanic death in 2008.
7. **Section Number:** Form21\_Indicator 09A  
**Field Name:** HSIRace\_Children  
**Row Name:** All children 0 through 19  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Source: 2005 HIES
8. **Section Number:** Form21\_Indicator 09A  
**Field Name:** HSIRace\_SingleParentPercent  
**Row Name:** Percent in household headed by single parent  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Data not available from the 2005 HIES.
9. **Section Number:** Form21\_Indicator 09A  
**Field Name:** HSIRace\_TANFPercent  
**Row Name:** Percent in TANF (Grant) families  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Not applicable.
10. **Section Number:** Form21\_Indicator 09A  
**Field Name:** HSIRace\_FoodStampNo  
**Row Name:** Number enrolled in food stamp program  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Data derived from NAP program. 0-19yrs totaled 6669 in 2008.
11. **Section Number:** Form21\_Indicator 09A  
**Field Name:** HSIRace\_WICNo  
**Row Name:** Number enrolled in WIC  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Data not available yet.
12. **Section Number:** Form21\_Indicator 09A  
**Field Name:** HSIRace\_JuvenileCrimeRate  
**Row Name:** Rate (per 100,000) of juvenile crime arrests

- Column Name:**  
**Year:** 2010  
**Field Note:**  
 205 Juvenile arrest in 2008
13. **Section Number:** Form21\_Indicator 09A  
**Field Name:** HSIRace\_DropOutPercent  
**Row Name:** Percentage of high school drop-outs (grade 9 through 12)  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
 Total drop out 9-12 graders total 114 in 2008.
14. **Section Number:** Form21\_Indicator 09B  
**Field Name:** HSIEthnicity\_SingleParentPercent  
**Row Name:** Percent in household headed by single parent  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
 Data not available.
15. **Section Number:** Form21\_Indicator 09B  
**Field Name:** HSIEthnicity\_TANFPercent  
**Row Name:** Percent in TANF (Grant) families  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
 Not applicable.
16. **Section Number:** Form21\_Indicator 09B  
**Field Name:** HSIEthnicity\_WICNo  
**Row Name:** Number enrolled in WIC  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
 Data not available yet.
17. **Section Number:** Form21\_Indicator 10  
**Field Name:** Urban  
**Row Name:** Living in urban areas  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
 urban population, derived from 2005HIES
18. **Section Number:** Form21\_Indicator 10  
**Field Name:** Rural  
**Row Name:** Living in rural areas  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
 no boundary
19. **Section Number:** Form21\_Indicator 10  
**Field Name:** Frontier  
**Row Name:** Living in frontier areas  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
 no boundary identified
20. **Section Number:** Form21\_Indicator 11  
**Field Name:** S11\_total  
**Row Name:** Total Population  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
 Total persons 55179
21. **Section Number:** Form21\_Indicator 11  
**Field Name:** S11\_100percent  
**Row Name:** 100% of poverty  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
 Below 125 percent of poverty level based on 2005HIES or 34387 persons
22. **Section Number:** Form21\_Indicator 11  
**Field Name:** S11\_200percent  
**Row Name:** 200% of poverty  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
 Below 185 percent of poverty level or 42878 persons based on the HIES 2005.
23. **Section Number:** Form21\_Indicator 12  
**Field Name:** S12\_Children  
**Row Name:** Children 0 through 19 years old  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
 Total population from the census 2000 ages 0-19 years.
24. **Section Number:** Form21\_Indicator 12  
**Field Name:** S12\_50percent  
**Row Name:** Percent Below: 50% of poverty

**Column Name:**  
**Year:** 2010  
**Field Note:**  
Based on the 2000 Census, 35 percent of 0-19 yrs old was below 50% of poverty level.

25. **Section Number:** Form21\_Indicator 12  
**Field Name:** S12\_100percent  
**Row Name:** 100% of poverty  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Not available